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ABSTRACT

The volume is intended to give readers a glimpse of the day-to-day life of disabled people in Japan. Eight brief papers present life experiences of a mentally retarded preschooler, severely disabled children, a child with muscular dystrophy, a young girl with polio living in the community, visually disabled and recovering mentally ill people receiving vocational training, a hearing impaired worker in a subway arcade shop, and a Down's syndrome man working in a laundry. The second part of the booklet describes services and programs (including education, income security, and employment) widely used by disabled persons in the community. A final section touches on such issues as legislation, participation of disabled people in policy development, and professional training. (CL)

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DISABLED PEOPLE IN JAPANESE COMMUNITY

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FOREWORD

In this the International Year of Disabled Persons, a very important mission of the Japan Council is to make known around the world the Japanese disabled people's realities, and the various rehabilitation projects undertaken on their behalf.

It is timely to have this book published by the International Relations Committee of the Japan Council during the period of the Japan Study Program for Asian Leaders in Rehabilitation, and the REHAB Seminar Tokyo in 1981.

Dr. Yoko Kojima, Editor in Chief, is the Chairperson of the International Relations Committee and a pioneer in international cooperative practice and research in the rehabilitation field. Her mentor, Dr. Akihiko Takahashi, an expert in the field of mental retardation, is also an internationally experienced person. I express my sincere thanks to both of them.

Also, I wish to express my heartfelt thanks to those people who so freely gave advice for this project, and to the professional experts who wrote the articles.

The purpose of this book is to clearly convey the reality of the Japanese disabled persons, and to make known both the public and private rehabilitation programs, including the positive and negative practical points.

I sincerely hope that this book will serve as a basic reference. For people around the world who are interested in Japanese disabled individual and services provided in this country.

Hirokuni Dazai
President
Japan Council for International
Year of Disabled Persons

PREFACE

Many Japanese have, from the reading of foreign language materials, a general knowledge concerning the disabled and the rehabilitation situation in foreign countries which satisfies their intellectual curiosity. On the other hand, most of the materials concerning Japanese disabled people are published only in the Japanese language. Therefore this kind of information is unavailable and not familiar to people in the rest of the world.

Rehabilitation World, 1977, Vol. 3, No. 2, had a article entitled "Disapled Individuals in Japanese Society" by Dr. Yoko Kojima, introducing the historical perspectives and traditional social attitudes toward the disabled from a socio-psychological approach. Because of the scarcity of such research materials, reactions came from Europe and North America in overwhelming numbers.

We need, therefore, to provide many more publications which will provide introduction to the life situation of the blind, deaf-mute, mentally and physically disabled in Japan.

In order to bring actual Japanese information to those everywhere who are interested in Japanese disabled people and social services for them, this book, *Disabled People in Japanese Communities*, tries to bring a number of issues to the readers' attention. These issues include an introduction to some aspects of the life of disabled people, a concept of the structure of widely used policy and services, and a discussion concerning a selection of problems regarded as being characteristic of Japan.

To facilitate explanations of the more complicated problems, a considerable number of tables, charts and pictures have been used throughout the book.

All Japanese articles have been screened by the editorial staff for a balanced presentation, and the English translation was checked with the original articles for accuracy.

* * * * *

I deeply appreciate the efforts of Dr. Akihiko Takahashi and Mr. Lawrance H. Thompson who took great responsibility as co-editors. We are grateful for contributions from a variety of persons, each writing from a particular point of view or ability, and are pleased to be able to present articles from individuals who are truly leaders in their respective fields.

The work of experts in various rehabilitation fields who served as an Advisory Committee — Dr. Satoshi Ueda, Prof. Kan Nomura, Mr. Ryo Matsutomo, Mr. Ryosuke Matsui, Mr. Osamu Miyao, and Mr. Shigeru Murata — is greatly appreciated and I wish to thank them for their helpful advice.

Sincere appreciation is expressed for the efforts of the cameraman, Mr. Hirotaka Koyama, who visited homes and institutions to take the photographs used in this book and on the cover.

Betty S. Swain prepared the English manuscript for clarity of expression and content for which we are grateful.

Our sincere thanks also to Rev. Akiie Ninomiya, Mr. Fuminobu Konno, Miss Yukiko Oka, and Mrs. Haruko Kikuchi for their long and untiring efforts for this publication.

Yoko Kojima, Ph.D.,
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Aug. 23, 1981

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Photographs

The photographs shown in this volume were taken by Mr. Hirotaka Koyama and are reproduced here with the permission of the individuals appearing in them.

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- After-care Center Attached to Kosai Gakuen
- Ayumi-no-ie, Higashi-Murayama
- National Rehabilitation Center for Disabled Children
- National Vocational Rehabilitation Center
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- Kokyo Metropolitan Fuchu Hospital

Schools:

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- Shimane Prefectura Hamada School for Physically Disabled Children
- Tokyo Metropolitan Fuchu Rehabilitation School

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- Ms. Sachiko Myoken
- Mr. Yukihiro Tashiro

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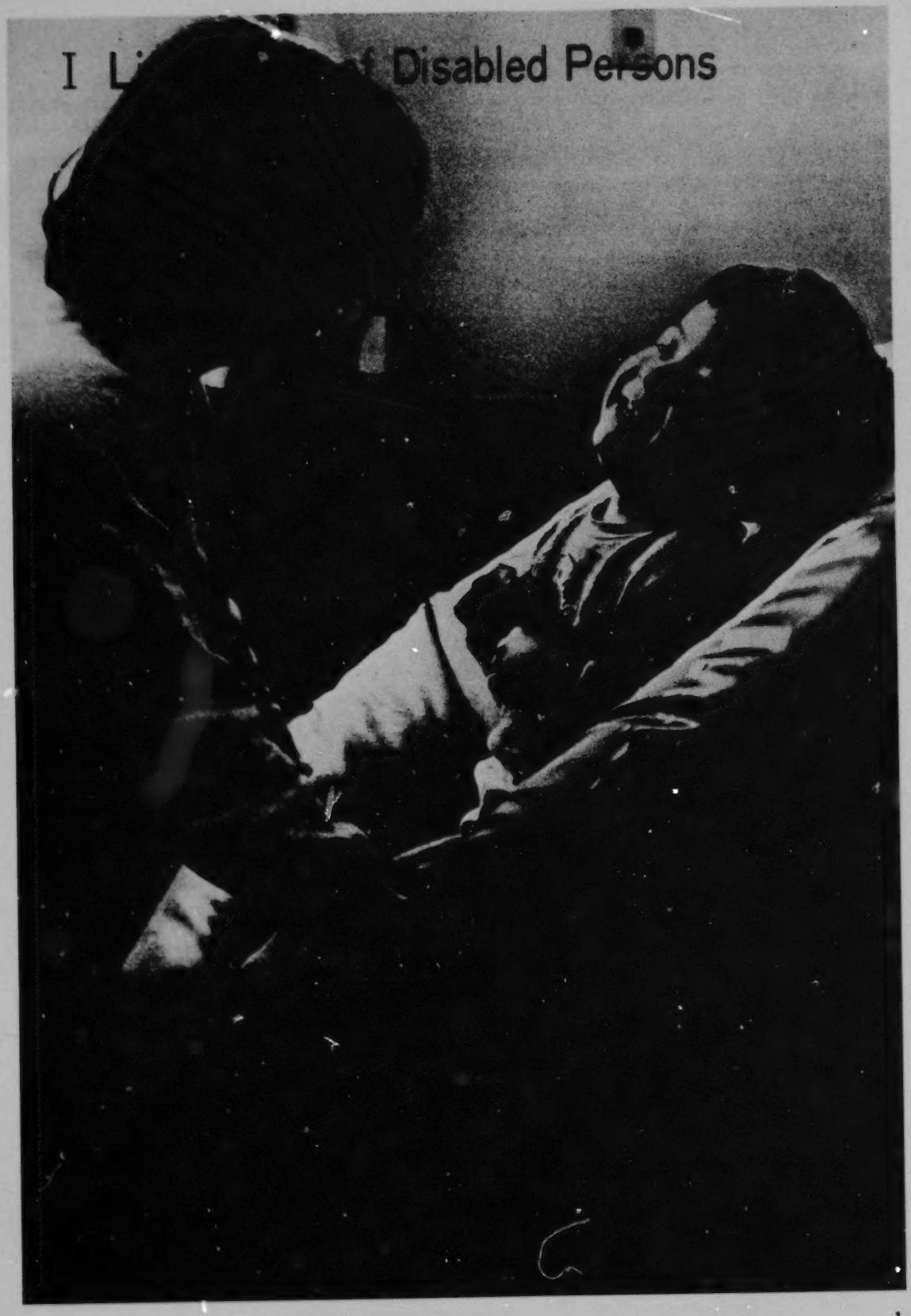
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Disabled Persons

1. "Together With Mother"

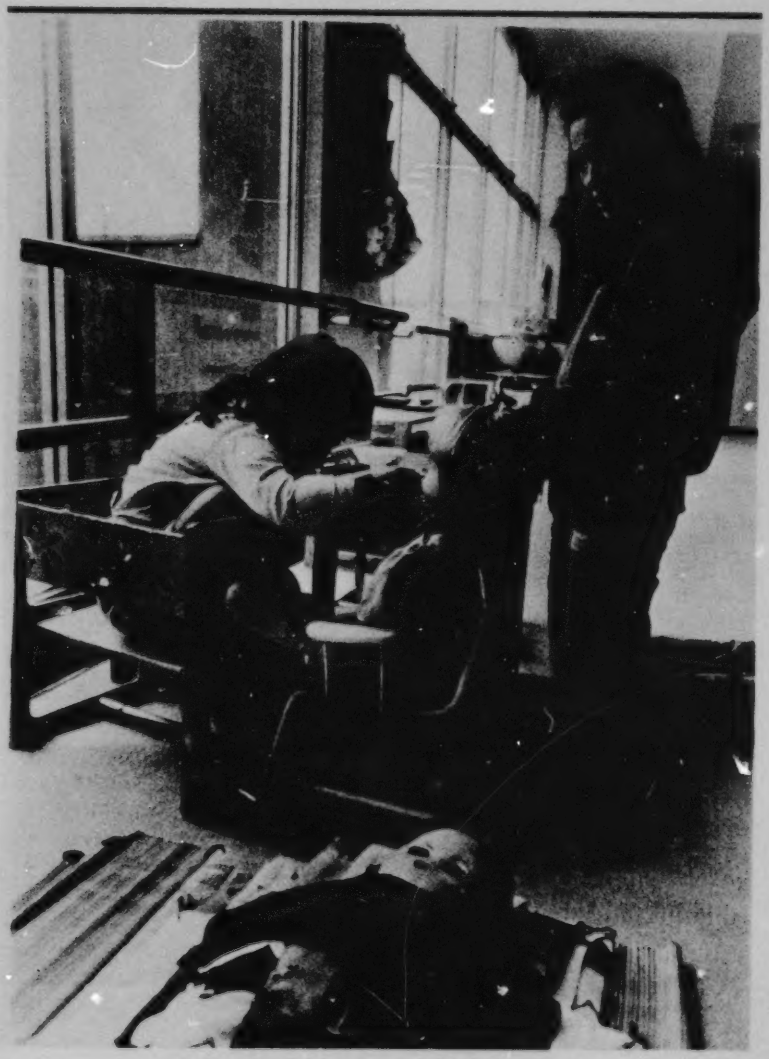
Miho is now three years old and commutes to Ayumino Ie, an institution for disabled preschool children. At ten o'clock they arrive by school bus. Miho's program starts with a free-play class, and she begins playing house with clay, with her mother eagerly joining in.

"Miho, you cooked it so well! May I have one, please?"

Three years before, her mother had listened in stunned disbelief when Miho was diagnosed as having Down's Syndrome. Even after realizing it was in fact true, she secretly hoped that it was a wrong diagnosis.

A public health nurse who provided much support and encouragement introduced the family to Ayumino Ie, a nonresidential training center for disabled children in the Shinjuku district of Tokyo. Very early education and care for disabled children is provided there. Initially, the program begins with classes twice a week in which the children and their mothers learn together. Only with full participation in the necessary program, rather than observation of the treatment by an anxious mother, can the program be effective. Children cannot fully develop when their mothers pamper and brood over them.

Music therapy follows the free-play program today, involving a group of children with their mothers. The time passes quickly, with laughter frequently being heard.



Life experiences with others is the best teacher.

Learning to socialize with one's peers.

Training of integrated physical and mental growth.

At the time of enrollment at this institution the mothers have somber face, but, on discovering others in similar situations and buoyed by encouragement and hope in their childrens' progress, smiles appear. Once again the mothers take pride in their personal appearance, especially their hair and makeup. The children, aware of the changes in their mothers, begin to change too, and the result is a happier mother and child.

"My home is much happier since they started to commute to Ayumino Ie," says Miho's father with joy.

The program guidelines of Ayumino Ie are: play together with mother, play together with friends, let each child's personality develop, create a healthy body, and imitate many ways. At the same time, great importance is attached to educating the mothers by providing ongoing study sessions and meetings with the staff.

***

In Japan, the following publicly funded medical checkups are available, enabling early diagnosis of disabilities: an examination at five to seven days after birth to determine if there are any congenital abnormalities; an examination by the public health department at three to four months of age; a one-year-old infant medical checkup by the municipal government; and another routine medical examination at the public health station at age three.

Among the high-risk infants diagnosed in various parts of the country, cerebral palsied infants benefit from early care based on the Voita or Boabath methods. Such facilities are available only at locations such as the Kitakyushu City General Early Education and Care Center, Umeda Akebono Gakuen, Ayumino Ie, and several others. It is hoped that in the future more facilities for early education and care of the disabled will be readily available, since the effectiveness of this method is being widely recognized.
being widely recognized.

Many disabled children have received training at nonresidential institutions for disabled preschool children, beginning at age three. The self-support program involves training in eating habits, toilet training, getting dressed and undressed, socializing with peer groups, etc. Recently more daycare centers and kindergartens accept disabled children. Such settings provide maximum opportunity for stimulation and socialization for the disabled child, while, at the same time, the other children learn how to become friends of the disabled. This kind of comprehensive nursery care program provides an excellent opportunity for disabled children to participate in society.

2. "A Teacher Came to Visit My Home"

"Hello, Yochan, how are you today?" asks Ms. Tomoko Ono, a teacher visiting him from the Hamada School for Physically Disabled Children fifty kilometers away. She has traveled by train and bus with her bagful of teaching materials. Yoichi, confined to his bed, welcomes his teacher and tries his best to study while lying on his stomach.

"Yoichi Araki, now let's start our study!" begins the teacher.

The highlight for Yochan is his two-hour class held three times each week. He has congenital multiple contractures of the joints with triple disabilities. Unable even to drink milk, he depends on a catheter for sustenance. His mother works in town until late at night, and his father is also confined to bed with heart disease. Yochan eagerly looks forward to meeting his teacher, since the days are long for him and pass slowly.

Six years ago when his teacher visited him for the firt time, he was able to say only, "Aaa–, Aaa–," which meant that he was either hungry or his diaper was wet. Now he is able to use his hands and body to communicate his will to other people. Today's program includes learning how to say the days of the week, the months of the year, and the weather report. He will play on a trampoline and try to find two identical pictures in a puzzle game. He will also learn to say and practice the words traditionally used at the beginning and end of each meal. Because today's weather is cool, classes will be held indoors. In good weather Yoichi and his teacher go exploring outside in the fresh air, using a wheelchair. Sometimes they go shopping or visit and play with his friends who are also in the same home-visiting care and education program.

The next visitation for Ms. Ono, the teacher, is Tooru Yamazaki's home. He has cerebral palsy and is severely mentally retarded. Although he is eighteen years old, he is still in junior high school. Since Tooru is severely disabled, life care is the first priority, with emphasis on physical training. It is programmed from bed to floor and from indoors to

Hurrying to her student's home.

A morning greeting to student and mother.

outdoors, so as to extend his scope in life.

His mother says, "I couldn't believe that an education was possible for my son, until a teacher visited us for the first time. If a teacher had not been able to visit and educate us, Tooru's hands and legs would have severe contractures. My home has become much happier, and we are so thankful."

Prior to the teacher's first visit, Tooru's father was ashamed and hid Tooru, and avoided fellowship with his neighbors, changing from one job to another, and frequenting the town at night for drinking. The family's suffering was so great that the mother was contemplating suicide.

A dramatic change occurred in Tooru's father after the teacher's initial visit. He began to work hard and didn't hesitate to talk about his son to other people. Unfortunately, last year the father was unable to attend Tooru's elementary school graduation ceremony because of his work schedule. But on that same evening he received Tooru's graduation certificate and a square piece of fancy paper with the inscription "The joy of living with Tooru." Greatly moved by this he telephoned Ms. Ono, the teacher, and talked with her for more than thirty minutes.

***

In Japan, schooling for all mentally and physically disabled children became compulsory in 1978. Home-visiting care and education are available for severely disabled children who are not able to commute to school. Even the Hamada School for Physically Disabled Children, located in the western part of Shimane Prefecture (often referred to as the most isolated area in Japan) has three teachers visiting five families. It is very difficult to visit deep in the mountain area seventy kilometers away from the school, but the family members' hearts have been touched by the visitation, and their attitudes towards their disabled children have changed in a positive way. At the present time the visiting teacher's role is that of a family case worker, but there is hope for even further development.

For anyone, the reward of achievement is joy.

Competence of instruction and richness of resorces enlarges what might have been a very small world.

3. "I'll Do My Best, Too"

"As you can see, I'm disabled. I need this chair. But I'm living happily with my father and mother, and I've never lost hope because I can move anywhere I want with this wheelchair. At school my classmates help me move from one class to another. They also help me go up to the blackboard and carry my bag . . . ."

On November 20, 1980, the Junior High School National English Speech Contest was held in Yomiuri Hall in Tokyo. Among the twenty contestants, there was one in a wheelchair.

". . . Thank you, classmates and teachers who have supported me. I'll do my best, too. I will do my best for my own tomorrow."

There was a storm of applause for this contestant whose name is Masaki Furushima, a ninth-grade student at Takashina Junior High School, Kawagoe City, Saitama Prefecture. His speech, "I'll do my best, too," won first prize.

Although Masaki had experienced difficulty in walking from infancy due to progressive muscular dystrophy, his parents did their best to make it possible for him to live as full a life as possible. They took him out as often as they could. Friends pushed Masaki in his wheelchair, taking him many places to play so that his preschool years were similar to others.

A mother's love makes school attendance possible on even the coldest day.

Barely able to walk, he attended a regular elementary school where the school board's understanding of his situation made his acceptance possible.

Masaki, now unable even to turn himself in bed, went on to senior high school with his junior high school classmates.

"You will be pushed into the corner of a classroom if you keep silent. The disabled can't be shy!" father always said. As a result Masaki enjoyed going out and referred to himself as a "conspicuous person."

A school speech contest was held soon after he entered junior high school. He voluntarily participated along with many other contestants, including senior students, and won first prize for a speech entitled "Become a new student in junior high school." Since that time attitudes have changed towards him, and he has become friends with many other students.

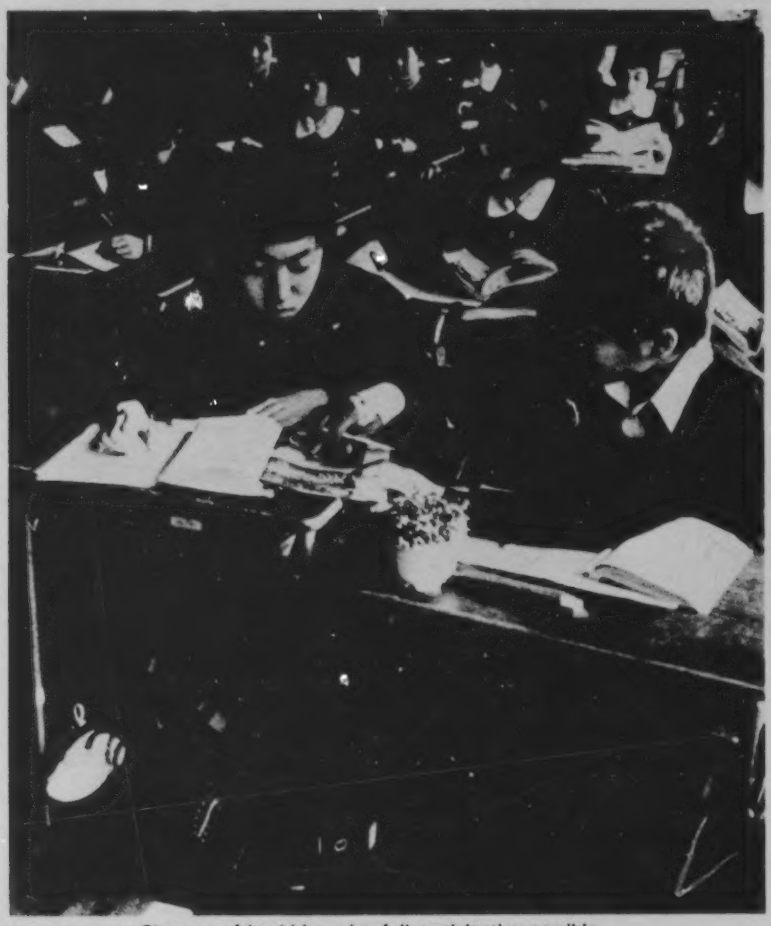
His homeroom teacher, Mr. Yasuo Kizukawa, says, "Even though Masaki has a pronounced disability, I don't give special attention to him. I support him casually or unconsciously, but I do not give preferential treatment. On the contrary, industrious and joyful as he is, Masaki helps to bring about a happier atmosphere in the classroom."

As Masaki's disease progressed he found it difficult to commute to school and when his condition permitted, he attended his favorite classes (Japanese language, English, and Social Studies) two hours a day. After school many classmates visited him and enjoyed talking with him.

His father would cheer him up by saying, "You can't be popular with girls if you don't have something unique!" At this Masaki decided to study English; and even when he was hospitalized, requiring intravenous feedings for 24 days, he continued with his English study using the radio. This resulted in his receiving first prize in the national speech contest.

This year he plans to enroll in a high school correspondence course for intensive English study. His dream is to work as a translator and to go overseas to meet with other disabled people.

Masaki's message to similarly afflicted people is, "Disabled persons must take the initiative to go out into society and participate with confidence!"



Classroom friendship makes full participation possible.

"It was a good day, Mom! I passed the math exam."

When the body is tired there is no rest for the mind.

4. "A Message from Sachiko

Sachiko Myoken is a girl who has an impressively beautiful smile. She is disabled by polio and lives at home in Onomichi City, Hiroshima Prefecture. She writes as follows:

Dear friends I have not yet met,

How are you? I am writing from Onomichi, an old port town well known in Japanese literature, which you may know from reading many famous novels. I am going to write about this town, too, because I love Onomichi where I was born and have always lived, even though it has caused me trouble with its numerous steps and slopes.

My name is Sachiko Myoken. Born on March 4, 1958, I am 23 years of age and disabled by polio.

Even in 1981, designated as the Year of the Disabled, with the theme of total participation and equality, we continually hear of many tragedies in the lives of handicapped people, such as disabled children who become victims of 'double suicides' committed by despairing parents. In one such case, the judge so pitied and sympathized with the parent for her unfortunate circumstances that she was finally judged to be innocent of any crime. This tells us something of how far away the goal of equality is for the disabled. We have taken the first step on a long and hard journey to this goal.

I myself am lucky to have been able to receive a school education and to have had a mother who has always believed in my potential. After various difficulties, I came across an electric typewriter when I was 14 years of age and started writing poems. At the age of 18 my poems were put to music, and people sang my songs. This occurrence gave me a chance to make many friends. I have also published a book of poems entitled *Snow Petals*. How fortunate I have been! It is now my turn to work to make chances for other people, and many of my friends are joining me in this effort.

I have been very discouraged to see many handicapped friends who are not yet allowed to go out, and remain confined in their homes; Recent gestures on the part of parents of disabled children have been positive. I get the impression that they are trying to push us, the disabled, into the mainstream of soceity instead of allowing us to exist alone. With the cooperation of my disabled friends, I am presently working on a compilation of my personal history, thereby achieving a total participation based on my own thoughts and action. I will meet more friends this way, and this, I am sure, will finally lead us to total participation in society and equality after all. ty after all.

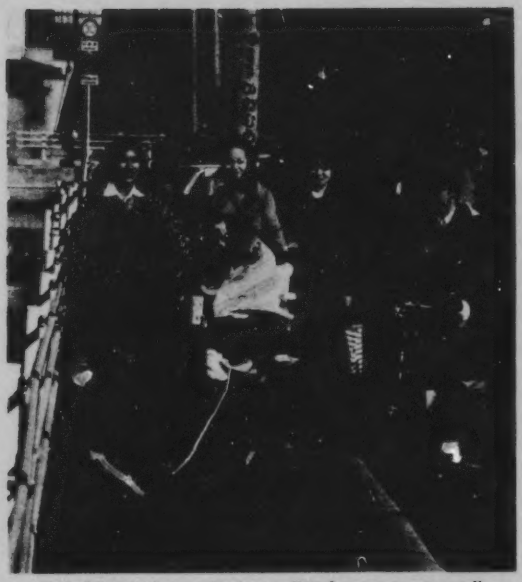
I want to get married someday . . . but I do not know if the dream will ever come true . . . How do you like my kimono style?

I am a very curious person and interested in knowing many things. Please let me hear from you about your town and your life, and be my friend.

In friendship,
Sachiko

"My encounter with an electric typewriter when I was fourteen opened new doors for communication through poetry."

"Friends often gather at my hand."



"It is friends that make it possible for me to go out."

It seems very difficult to get employment for Sachiko, who is severely disabled, but, using her electric typewriter, she can address her own thoughts and ideas to society. Her way of life impressed and inspired many young people around her and motivated them to tackle the problems of the disabled. Sachiko is now working as a volunteer, making visits to many handicapped friends. She encourages them to get outside of their homes.

In many parts of Japan, development of so-called "barrier free communities," sometimes known as "towns for-all-people movements" have been started. These programs were designed to improve the city environment to allow free movement, previously impossible for disabled person. During the past decade the environment has greatly changed, and more disabled people and volunteers can be seen in the city streets. This presence in itself will further influence the ideas and attitudes of the general public toward those now handicapped. They are, after all, not people to be pitied, but neighbors.

"How do you like me in my Kimono?"

5. "Aiming to Become a Computer Programmer"

Shigetake Taira, totally blind from birth and a student in a school for the blind, passed the entrance examination of a university. This university examination has been provided for the past few years in Braille for visually impaired students. The Braille examination requires twoice as much preparatory work as the regular examination. Shigetake's major field of study was English.
blind and attended a university after his graduation from a school for the blind. His major was mathematics.

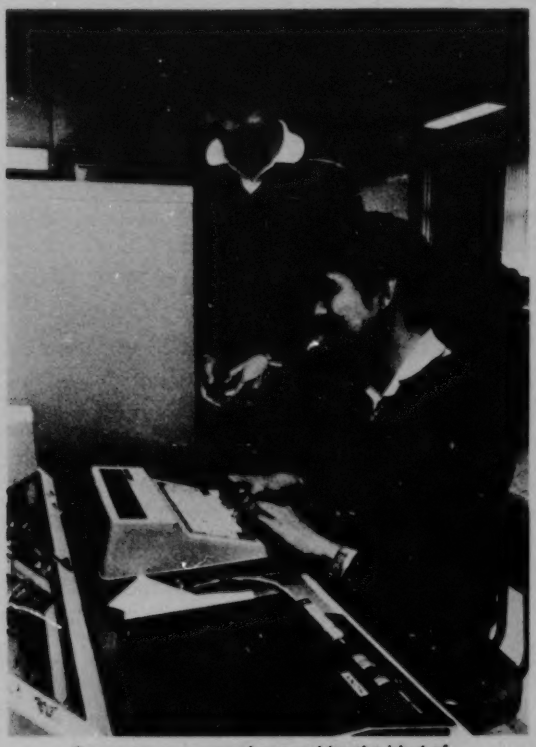
Both of these young men completed their college education but were unable to find employment, as work opportunities are very limited for the visually disabled in Japan. You will find only a few of the blind employed, working as switchboard operators or recording typists. Most of the visually disabled in Japan are engaged in stereotypical traditional occupations for the blind, such as massage, acupuncture, and moxacautery. Among all working visually disabled people, only 25 per cent are employed in business and industry. For totally blind persons like Mr. Taira and Mr. Ishida, employment opportunities are much more limited.

There are 15 vocational training schools for physically disabled people throughout Japan. In 1979 the Ministry of Labor established the National Vocational Rehabilitation Center in Tokorozawa City for the purpose of assisting and promoting vocational independence and social participation of physically disabled people. Courses in eight occupational fields – metal work, precision work, wood work, chemistry, electronics, clerical work, information and communication, and dressmaking and handicrafts – are provided, along with vocational guidance. To date, 144 people have been accepted, and 70 of them have completed the training and secured employment in local government, banks, electric companies, printing companies, beer manufacturing concerns, and so on.

Computer programmer education for the visually disabled was begun in Japan in 1972 at the Japan Lighthouse Vocational and Living Training Center.

"I dreamed of pioneering in new stimulating vocational opportunities for the blind."

The opportunity was provided through the OPTACON electronic readout process employed in computer programmer training at the National Vocational Rehabilitation Center.



Computer programming provides the kind of challenge needed by blind youth with high intellectual capacity.

Ten people have completed this training program and are presently working as professionals in society. With a background of rapid progress in providing various aids for the visually handicapped, the Tokorozawa City center has also set up computer programmer training courses for the visually disabled, including the totally blind. As soon as they learned about such a program, these two young men, Mr. Taira and Mr. Ishida, applied, and successfully passed the entrance examination.

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It takes two hours travel time from their homes to the Center each morning for both Mr. Taira and Mr. Ishida. Rush hour crowds make the trips much more difficult, but their inborn fighting spirit has never failed to keep them going. Their instructor, Mr. Eiji Nagaoka, is also totally blind. He completed his study of information management at Rikkyo University. The curriculum of computer programming at the Center is set on several different levels, beginning with training in communication using a Braille typewriter. This is the important basic step for those who cannot read because of visual impairment. Next comes the study of computer basics, learning technical terms of business management, methods of programming, and, finally, on-the-job training with the cooperation of industry.

Mr. Nagaoka considers computer programming a suitable occupation for visually disabled people, for it requires relatively more brain work than reading and writing skills. He is assured that both of these students will make competent programmers in the future.

Mr. Taira received the gold medal in English typing at the National Skill Contest for the Disabled (the Abilympics) last year, and he continues to work hard in preparation for the 1981 International Abilympics, in Tokyo.

Mr. Ishida plans to go into the computer field where he can make full use of his creativity as a programmer. He also plans to take the qualifying examination for an information management technician provided by the Ministry of International Trade and Industry.

6. "Taking Pride in Becoming an Artisan"

It has been four years since Mr. Nakamura started working at the Creative Printing Company. Prior to that, he was in the vocational activity program of ceramics and sports at a nearby mental hospital.

His present work is typing. Typing, photo setting, block copying, plate making, offset printing and book binding comprise the overall operation at this printing factory.

The Creative Printing Company, one of the few workshops for mentally rehabilitated people, was established in 1972 by Dr. Teiichi Yamada, director of a mental hospital in Chofu City, Tokyo.

"I have seen too many people return to society unable to find a place to work or fail to retain a job. They can never manage in the mainstream of society. Should we, the doctors, simply stay in the clinics and observe, placing the blame on the Government and society?"

fight against problems of the individual recovering from mental disorders. His various experiences led him finally to start his own factory for the mentally rehabilitated.

There are 30 workers at the Creative Printing Company. A third of them live in private apartments, and are barely supported by their salaries plus an allowance for on-the-job training, provided by the Tokyo Metropolitan Mental Health Program. Mr. Nakamura is one of these workers. He is well trained and qualified to get a job anywhere, but he is afraid to try.

"When I go back into society, I know that I will try to hide my history of mental illness," says Mr. Nakamura. "It will always leave me frustrated and depressed. Being skilled is not enough for our rehabilitation. We need understanding from the people around us. In this regard I feel very secure here, like living in a greenhouse."

Ms. Takeko, his instructor, added, "He has just married and recently moved into a new home, and is happy and content for now. Many of the people who come to work in this factory prove to have ability and potential. Those who could not type even a word when they first came in are, after training, now ready to get employment anywhere outside."

The instructors have had no contact or work experience with people recovering from mental

The workshop experience has provided me with self-confidence, the opportunity to meet the man to whom I am now married, and the potential for outside employment.

Concentrated vocational investment contributes to mental health.

The ability to operate this machine has given me claim to being a full member of society.

The discipline of the craftsmen's trade is an effective form of environmental therapy.

disorders before they came to the Creative Printing Company. They are just ordinary technicians of printing or bookbinding. One recalls, "At first, not knowing what to expect, I was afraid of them. As we work together, I have gradually discovered that they are good-hearted and honest people. They respect us as instructors, and, in spite of their unsociable and reserved demeanor, they seem to be enjoying our companionship." The instructors also frankly point out that their workers are not flexible, and that they do not show a strong desire for achievement. However, the instructors understand and care about their mentally disabled workers in a special way.

Dr. Hiroshi Utena, a medical consultant of the Creative Printing Company, who is a well-known psychiatrist in Japan, sees a therapeutic effect in the artisan spirit, which is a typical characteristic of these technician/instructors. "With an artisan spirit the disabled will learn to form human relationships through their work. If successful, they can then return to society to use their newly achieved skills. They will gradually gain confidence in themselves through their successful work experience, even if they are not very able in their social life. Artisanship is said to be an anachronism in this modern world, yet you will find here and there various forms of the artisan spirit in today's Japanese society. I believe it has significant meaning for the rehabilitation of mentally disabled people." Dr. Utena believes that a typical theme of the artisan spirit, "practice makes perfect," is an important element in environmental therapy for disabled people.

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There are 1,300,000 mentally impaired people in Japan. Lack of job opportunity, shortage of appropriate housing, little contact with other people, and discrimination against them inhibit their rehabilitation in society. To break down this wall of discrimination is the only way to move ahead toward a better tomorrow.

7. "At the Subway Station in Sapporo"

Sapporo City, site of the Winter Olympic Games a few years ago, is famous for its modern subway system. There are four subway station kiosks where auditorily disabled people are working. Mrs. Atsuko Mochizuki and Miss Akemi Hashimoto, graduates of a school for the auditorily disabled, are working at one of these shops at Sapporo Station. Customers can see a sign on the counter that says, "Please write your order on an order slip because we cannot hear you."

Mrs. Mochizuki, a senior worker, started to work at the shop three years ago. "At first I was very nervous and tense with customers, but I am accustomed to my work now. It is a pleasure to see customers enjoying shopping at our kiosk." She is very satisfied with her present occupation and is happily married to a man she met through this work. Her dream is to have her own shop someday.

Miss Hashimoto, Mrs. Mochizuki's partner, is now in her second year at this job, and she says, "I feel very happy when I receive words of encouragement from customers." Many of the customers write "Keep it up!" on the corner of their order slips. On her free day she enjoys going to the movies, mostly foreign films with superimposed written dialogues, and she is very good at skating.

This is one of four subway arcade shops in Sapporo operated by auditorily disabled and sponsored by the Railway Welfare Association.

A pair of disabled girls manage each shop.

Another kiosk at Shiraishi Station in Sapporo City has, as a part of its business, a coffee shop. The person in charge, Ms. Saeko Torabayashi, has a reputation as a good manager. "I am very excited to be able to work with people who have the same disability as I do. We can share our problems. Customers are kind enough to encourage us, and I enjoy meeting many people here."

The Railway Welfare Association started shops managed by the auditorily disabled workers at Sapporo City subway stations in 1976. In spite of many initially negative thoughts and concerns about disabled people running kiosks or coffee shops, all of the four shops have had excellent sales. Mr. Uematsu, the supervisor, says, "We are very impressed by the very sincere work attitude of the disabled workers. They honestly show their happy feelings on their faces when they make good sales, while they look very disappointed and sad when their sales are low. They seem to attach very strong feelings to their jobs. The customers accept the shops as a part of the important assets of their community. I think they should be proud of them."

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In order to promote employment of the disabled, the Physically Handicapped Persons' Employment Promotion Law requires a disabled worker employment ratio of 1.5 percent in all private businesses. Currently, more disabled workers are going into various fields such as banks, department stores, the car and electronic industries, and so on. In approximately 80 companies more than half of the employees are severely disabled people, proving that even though they have physical disabilities they do not have vocational handicaps.

Due to lack of understanding by the general public, there were times when disabled applicants were denied jobs in service areas where workers have face-to-face contact with customers. Lately, however, much success has been reported in various tests of employment of the disabled in the service field. At the supermarket "Sun Store" in Beppu City, half of the employees are in wheelchairs. Adjacent to the supermarket is the newly opened building of the Sun Industries Branch of the Bank of Ohita. Half the workers there are also in wheelchairs. There is a unique Chinese restaurant in Tokyo where all 15 employees are mentally diabled people.

Most disabled people want to participate in society through meaningful occupations. "We need opportunity much more than security," is what they are saying. All of these persons are putting their hopes and dreams of rehabilitation on this International Year of the Disabled.

This customer, complete with baby on her back, seems quite used to jotting her order on the order pad.

"He made my day by adding a word of encouragement to the order!"

8. "On Top of the World"

Matsue City is an old castle town in the San'in region, much beloved by the famous English writer Lafcadio Hearn, a naturalized Japanese who took the name Yagumo Koizumi. Mr. Yukihiro Tashiro was born in this city. His mental retardation, caused by Down's syndrome, prevented his receiving a school education. After graduation from an institution for mentally retarded children, he worked at a wood-working shop, a concrete block factory, and is now employed at a laundry.

Down's syndrome is said to cause an early decline of physical strength, but, at the age of 36, Mr. Tashiro is in prime condition. One of 25 employees, he operates a pants topper, a machine that presses the girth of trousers, and handles about 500 pairs of trousers each day. "I don't want the other workers to handle my machine when I am absent." This is the motivating force that gets him up at 5:30 each morning and sees him through a series of bus changes on his way to work. "As one of our most diligent workers, he has a good reputation in the plant and thoroughly enjoys his job," reports his boss.

"For me work is important, and I love my job."

"I'm the boss of my section and my machine."

Though his work is worthy and time-consuming, he finds another source of joy on Sundays. Meeting his friends and volunteers at the community center twice each month, he spends the day in singing songs and playing games. Regardless of his difficulty in speaking out, due to a speech impediment, he actively assumes the role of president of the group, plans projects, and takes care of other members.

On the other two Sundays each month he goes downtown with a volunteer and enjoys shopping and conversation at a coffee shop. He is pleased that people around him do not treat him as a disabled person but as a companion, and he has happy memories of climbing Mt. Fuji with his friends.

Since securing the right to vote at the age of twenty, he has behaved as an adult. He is very much interested in political matters and has voted consistently for sixteen years. He sometimes visits a campaign office to offer encouragement.

"Other commuters wear suits and so why shouldn't I wear a suit too!"

Nowadays he is paying much attention to his appearance. Noting that people commuting by bus all wear suits, he withdrew funds from his savings account, purchased a business suit and wears it to work each day.

Observing his daily life, mothers of Down's syndrome children are encouraged and say, "Mr. Tashiro cheers us up. Our children can work if they are determined to do so."

Yukihiro's elder sister was once rejected for marriage because she has a mentally retarded brother. When her present husband proposed to her, she told her prospective father-in-law about her home situation. He scolded her saying, "It does not matter to me. Matsue is a conservative city, isn't it? Even if you two have a disabled baby, you should not care. The baby is, after all, the fruit of your love." After marriage, this couple had three children, all of whom are normal and healthy. These children are friendly to Yukihiro and call him "Uncle."

Since, in addition to his work, Yukihiro receives a welfare allowance, he is financially comfortable. He is able to pay all of his own household expenses with some remaining, and even has a small savings account. On family birthdays he never forgets to buy presents, and he has presented his mother with an expensive ring. According to his plan, his savings will be used for marriage. He is convinced that he can find a good wife because there are so many women in the world. A pretty girl who will take care of his mother is his ideal future wife.

His life is enriched by his work and friends. Yukihiro says, "This is the happiest time of my life." The reason, without doubt, is because it provides for his full participation in society.

"As a man with a job I take my rightful place among family and friends."

Gradually the confidence achieved through my work gives me freedom in relaxing with others.

1. Prevention, Early Discovery, Training and Lifelong Rehabilitation for Lifetime Medical Needs

Prevention

With the enactment of the Child Welfare Law of 1947 and the Maternal and Child Health Law of 1965, a consistent system whereby the health of the mother and child are cared for was established. This accounts for the steady decrease every year in maternal death rates, perinatal death rates, and infant death rates.

Death during the perinatal period is the general term applied to stillbirths in the 28th week (eighth month of pregnancy) and later, and to the death of babies within seven days after birth. In 1974 the mortality rate for these two categories was 12.5 in every 1,000 births.

The mother's condition around the time of delivery and during delivery itself is very important, often affecting the health of the baby and, from the perspective of preventing disabilities in the newborn, can be considered a very important period.

In accordance with the Maternal and Child Health Law when a pregnancy is confirmed, a handbook certifying implementation of maternal and child health measures is given to the prospective mother. This handbook lists necessary health care measures from the beginning of pregnancy to the time of delivery and also continued child care. Some handbooks list facts concerning medical examinations for prenatal disturbance of metabolism, and, when necessary, a complete health examination is conducted.

Much effort is made in the municipalities to maintain the health of the mother and child. Mother and child health care centers have been established, which, together with public health centers, hold classes for single women, newlywed women, and mothers and give guidance on matters concerning health. When necessary, individuals from health centers visit those who are pregnant and mothers of premature and newborn infants to give guidance.

Genetic counseling, anniocentesis, neonatal intensive care units (NICU), and monitoring systems for congenital abnormality are some examples of recent developments. These have not yet become part of the country's public health system, but, due to the efforts and help extended by specialists in the field and those in administrative areas, they are gradually spreading across the country. It is hoped that these developments will permit early diagnosis as well as help in the prevention of disabilities in children.

Early physical training in an atmosphere of love and joy is important for the realization of maximum potential.

Early discovery

In accordance with provisions of the Maternal and Child Health Law, screening for prenatal disturbance of metabolism is conducted at regular intervals of three or four months, seven months, and nine or ten months, as are medical examinations. In the past, medical examinations for three-year-olds were held at the various health centers as required in the Maternal and Child Health Law. From 1977, however, medical examinations were conducted for babies at the age of one and a half when they had begun to walk and talk and their behavior had become distinct. This is so that early discovery of disabilities can be made and efforts can begin to halt the progress of the disability.

"Training is fun when we do it together."

These medical examinations are held under the jurisdiction of the Ministry of Health and Welfare, while the Ministry of Education conducts medical examinations for children of school age beginning at age six when they begin compulsory education. The agency responsible for conducting these medical examinations are municipal boards of education. This screening helps to identify those children in need of special consideration and implements a discussion of their educational needs as well. It is important that medical examination and diagnosis of infants at age one and a half, three, and six are consistently conducted. This will provide a systematic means of promoting the children's education as well as their physical health.

In 1979 six types of prenatal metabolism disturbance were found in 281 infants in a mass screening of phenylketonuria conducted for newborn infants. Early treatment resulted in prevention of disabilities.

Taking into consideration the importance of early discovery and early treatment for the physically and mentally disabled, several measures are being promoted. This has resulted in a lowering of the age of children for whom the child guidance centers are working. As of May 1980, 161 child guidance centers have been established as frontline guidance agencies in child welfare in the urban and rural prefectures, as well as in the cities designated as metropolitan areas. Recently, counseling concerning physical and mental disability comprises 47% of all consultations held by child guidance centers and is the most frequently sought after service.

To consolidate the system whereby early discovery and early education and care for disabled children can be determined, institutes for the physically disabled, the mentally retarded, and the auditorily disabled will be established in a comprehensive center for mentally and physically disabled children. It is particularly important that this comprehensive center be able to function effectively in order to develop an administrative system that will enable diagnosis, treatment, and counseling to be conducted with consistency.

Training Facilities for Children

Below are listed the major facilities and institutions for mentally and physically disabled children:

Hospital homes for crippled children –

There are 76 institutes with a total capacity of 8,906. Of these institutions, 24 have departments allowing the child to commute from home, with a total capacity of 1,010. There are also 57 institutions with a capacity of 2,435 for infants who commute with their mothers to receive medical care and training.

Progressive muscular dystrophy wards –

National sanitariums number 26, with 2,140 beds.

Institutions for blind children –

There are 29 institutions, with a capacity of 1,734.

Institutions for deaf-mute children –

There are 41 institutions, with a capacity of 2,474.

Institutions for severely mentally and physically disabled children –

There are 80 national sanitariums with 8,080 beds. Public and cooperative institutions number 48 with 5,426 beds.

Institutions for the mentally retarded –

There are 350 institutions with a capacity of 25,663 as well as 216 institutions which provide services for commuters with a capacity of 8,133.

Education and care is given at these institutions to meet the needs of children with different disabilities. Special care is taken to give training that will enable them to adapt to society in the future.

Table 1. Percentage of Diseases of Diabled Children in Hospital Homes for Disabled Children

	1963	1965	1970	1975	1978
cerebral palsy	31.7%	40.3%	57.0%	64.8%	64.0%
polio	29.7	23.4	9.4	1.2	0.4
congenital dislocation of the hip joint	12.3	12.8	7.5	4.9	3.6
dysmetria	0	0	0.4	0.3	0.1
rachischisis	1.4	1.4	2.3	3.7	3.9
bone dysplasia	0.7	1.0	1.9	1.7	1.6
hydrocephalus	0.2	0.3	0.3	0.6	0.7
other congenital disease	4.1	3.4	4.0	4.1	4.0
tuberculous bone arthritics	5.1	3.4	0.5	0.1	0.2
bone arthritics except T.B.	4.2	1.6	0.6	0.5	0.5
scolcosis	0.6	1.0	1.4	1.4	1.9
Perthes' disease	1.4	1.8	4.8	6.1	7.1
traumatic side effect	2.4	3.0	2.8	2.2	2.9
rickets	0.5	0.5	0.4	0.3	0.2
progressive muscular dystrophy	1.1	1.5	2.1	1.4	1.6
others	4.6	4.6	4.6	6.4	7.3
Numbers of disabled children surveyed	1,646	2,147	5,786	6,849	7,129

Notes: The numbers of 1963, 1965 and 1970 are as of March 31 in respective year. The numbers of 1975 are as of May 1. The numbers of 1978 are as of March 1.

Source: "Survey on Institutions for Physically Disabled Children in Japan", National Association for Management of Institutions for Physically Disabled Children.

Adult disabled

Reasons for disabilities among adults in 1975 were due to external injuries (33.3%), followed by cerebral blood vessel impairment (18.4%), rheumatism (8.7%), joint diseases (7.9%), polio (5.3%), cerebral palsy (5.1%), and spinal cord injury (3.8%). (Fig. 1)

These disabled persons start their rehabilitation training at a general hospital or a "worker's hospital," and sometimes continue treatment at rehabilitation centers located in many parts of the country.

Lifelong rehabilitation

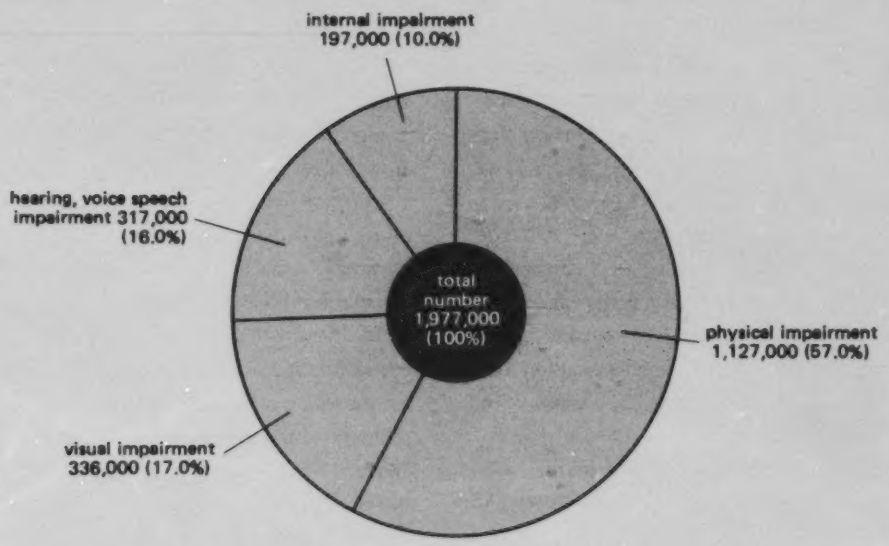
In a survey of conditions of disabled persons conducted in February 1980, it was estimated that there are 1,977,000 physically disabled persons over the age of 18 who remain in their homes.

When broken down by age, 54% are over the age of 60, and these elderly people make up a very large proportion of the disabled population who stay at home.

Of the total number of disabled adults, 638,000, or 32.3%, are working. Recent trends show that this percentage is growing smaller, seemingly as a result of aging as well as increasing severity of the disability.

Necessary measures as stated in the law for the Welfare of Physically Handicapped Persons are being

Fig. 1. The Number of Disabled by Category (1980)



Source: "Survey on Conditions of Disabled"
Social Welfare Bureau, Ministry of Health & Welfare.

taken, such as helping in the rehabilitation of the disabled, providing medical rehabilitation benefits, supplying prosthetic appliances, and providing entrance to rehabilitation centers. The rehabilitation counseling centers not only give advice, such as prescription and fitting evaluation in the special field of prosthetic appliances, but also provide general rehabilitation counseling, and home counseling provided by visiting welfare officers. In 1979 the number of people who received evaluation and counseling services at the rehabilitation counseling centers was 209,970 persons.

The exact number of amputees in Japan is not known, due to the fact that a large number of the many arm and finger amputees are not included in the disability grading. However, it is estimated that amputees number over 100,000. Looking only at amputees who carry indentification booklets issued to the physically disabled, the ratio of upper extremity amputees to lower extremity amputees is 1 to 2.2. Male to female ratios for upper extremities is 3.5 to 1, and for lower extremities, 4.9 to 1. The age bracket of 18 to 24 comprise a large number of upper extremity amputees, many of whom are skilled workers. With lower extremity amputees, those above the age of 50 are 50% of the total number.

According to a survey conducted in 1971, the population of adult mentally retarded persons was estimated to be 186,300. The two major problems for these adults are preparing a place in society for them after they have finished their compulsory education, and the question of care for the elderly disabled. For the former, more sheltered work institutions are needed, especially those that are integrated into neighborhoods close enough to enable the disabled to commute. For the latter, there is a pressing need for housing as well as for institutional care.

2. Education for Disabled Children and Adults

The mentally and physically disabled child and special education

There are children who, due to mental and physical disabilities, cannot receive an adequate education suited to their needs in regular primary and secondary schools. For these children, special care must be taken for their education. It is necessary to provide an environment suited to their different disabilities, developmental stages, and distinctive character so that their potential may be developed to the fullest, and so that they can become active participants in society. The field of education that speaks to this need is called "special education" in Japan.

Schools for the blind, the deaf, and the mentally and physically disabled (collectively termed "special schools"), as well as special classes within the primary and secondary schools, are all part of special education.

In principle, schools for the deaf-mute, the blind, and the mentally and physically disabled must provide a primary and middle school experience as compulsory education. These schools may also have a kindergarten and senior high school.

Schools for the mentally and physically disabled include the following three categories: those for mentally retarded children, those for the physically disabled, and those for children with weak constitutions. Special classes are provided for children with only mild mental and physical disabilities. These classes are placed in the regular schools according to need. Children who are mentally retarded, physically disabled, of weak constitution, weak sighted, hard of hearing, or who have speech difficulty or emotional disorders attend these classes. (Tables 2 and 3)

Special education is provided for children with severe disabilities, as stated in the Enforcement Order of the School Education Law. Implementation definition for this order is specified in an official memorandum dated October 6, 1978 and issued by the Primary and Secondary Education Chief of the Ministry of Education. According to this prescription, those children with severe disabilities are directed to attend an appropriate special education school, while those with mild disabilities are directed to attend special education classes or regular classes in primary and secondary schools, where they will receive needed care and attention. In this way, each child will receive an education that meets the needs of his or her disability, making use of the whole school system.

Table 2. Categories of Schools for the Disabled with Number of Students.

(May 1, 1979)

category	number of students					number of schools
	kinder garten	primary school	middle school	senior high school	total	
blind	193	2,060	1,306	4,771	8,330	73
deaf	1,959	3,904	2,605	3,443	11,911	110
mentally retarded	75	22,142	11,339	7,051	40,607	400
limb-body impairments	138	10,466	5,236	4,031	19,871	158
weak constitution	2	5,296	2,471	544	8,313	96
total	2,367	43,868	22,957	19,840	89,032	837

Source: "Data of Special Education", Special Education Division, Elementary and Secondary Education Bureau, Ministry of Education

Under the School Education Law, urban and rural prefectures have an obligation to establish special education schools for the blind, the deaf-mute, and the mentally and physically disabled as necessary to meet the needs of disabled children in their area.

This law also holds the guardian of a child between the ages of six and fifteen responsible for sending him or her to primary and junior high school.

The arrangements for special education classes within the regular primary and secondary schools are made optional and are left to the boards of education of the municipalities to integrate into their school curriculum.

It is very important to give appropriate guidance for children in need of special education, and it is the boards of education of the municipalities in the urban and rural prefectures which are responsible for this. These boards of education judge the type of disability as well as its severity, based on the results of the medical examination conducted at the time when compulsory education is begun. In order to enable a board of education to give precise guidance, it is necessary to enlist the support of specialists in the field. For this purpose, a guidance committee for comulsory education, totaling approximately 1.1% of the members from the field of education and with a staff from child welfare institutes, exists within the boards of education.

As can be seen in the above Table 2, in May 1979 there were 89,032 children in 857 special education schools, and 115,719 children enrolled in the special education classes of the various primary and secondary schools. Of these children, 182,544 are receiving compulsory education, which is approximately 1.1% of the total number of children of school age in Japan (approximately 16,670,000).

Although schools for the blind and deaf-mute were a part of the compulsory education system as early as 1948, it was only much later, in 1979, that schools for the mentally and physically disabled were so included. As a result, the mentally and physically disabled and children of weak constitutions, who had previously been deprived of opportunities for adequate education, were at last provided for. In 1979 this resulted in a decline in numbers of those who had received so-called "exemption" from compulsory education to 3,367, or 33% of those so recorded in the previous year. ("Data on Special Education 1979," Special Education Division of the Ministry of Education's Bureau of Primary and Secondary Education)

It is the aim of the primary and secondary special education schools to teach necessary knowledge and to develop skills to help the children become inde-

Table 3. Special Education Classes and Number of Students.

(May 1, 1979)

Type of School / Type of Disability	primary school		junior high school		total	
	students	classes	students	classes	students	classes
mental retardation	58,069	10,728	35,639	6,109	93,708	16,837
physical disability	1,455	313	607	154	2,062	467
weak constitution	4,243	571	363	92	4,606	663
weak eyesight	271	62	70	19	341	81
hard of hearing	1,540	339	448	86	1,988	425
speech disturbance	6,580	1,037	248	68	6,828	1,105
emotional disability	4,981	1,034	1,205	255	6,186	1,289
total	77,139	14,084	38,580	6,783	115,719	20,867

Source: "Data of Special Education", Special Education Division, Elementary & Secondary Education Bureau, Ministry of Education

Laying plans for the school cultural festival.

pendent, as well as to conduct regular classes. Therefore, while these schools offer the curriculum as regular schools, they also set aside time for so-called "residential care and training." In schools for the blind, this is sensory and mobility training. In schools for the deaf-mute, this is auditory training and speech guidance, and, in schools for the disabled, this means functional training. Care has been taken to make a flexible curriculum, allowing time for an education suited to the needs of each different child.

In the high schools, emphasis is placed on adapting to society and becoming as independent as possible.

Interchange between schools

The special education schools take into consideration the importance of the need for the disabled child to have a broad experience and to nurture sociability. For this purpose, opportunities are provided, as much as possible, for the disabled children to meet other children in regular primary and secondary schools. This interchange between educational groups differs from school to school but is most often held through the various school activities, club meetings, and on sports days.

Graduates of special education schools

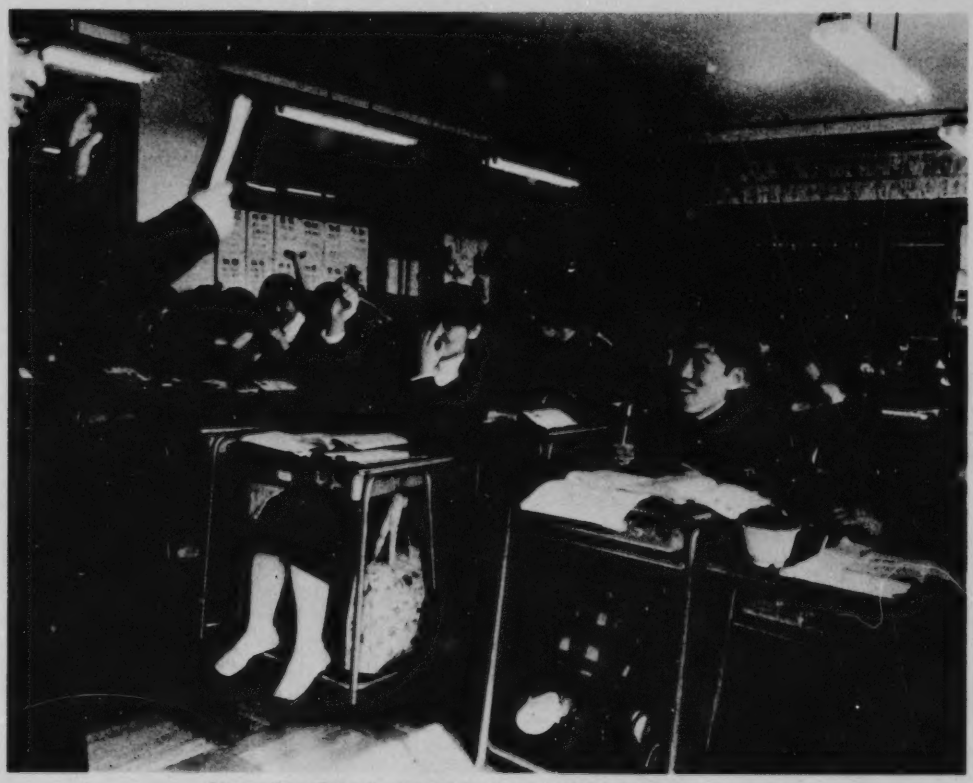
Most of the graduates of the high schools for the blind and deaf-mute either start work right away or go to "special study," after which they go on to work as members of society. Graduates of schools for the blind most often work as specialists in fields such as messeurs or messeuses, acupuncturists, and moxibustionists. Most graduates of the schools for the disabled start work directly, but there are some who enter vocational training institutes.

The disabled and higher education

In recent years large numbers of persons with disabilities continue their education in universities and junior colleges. In order to meet this demand for study at higher educational institutes, the government has been guiding national public and private universities in an effort to provide opportunities suited to the disabled.

The national universities are making plans to equip themselves with the facilities necessary for acceptance of disabled students.

In 1978 the number of disabled who continued on to universities or junior colleges totaled 994 persons (858 in universities, 136 in junior colleges), up 92% from the previous year.



Integrating with non-disabled students in the classroom.

3. Maintaining A Household and Community Housing, Mobility, and Recreation

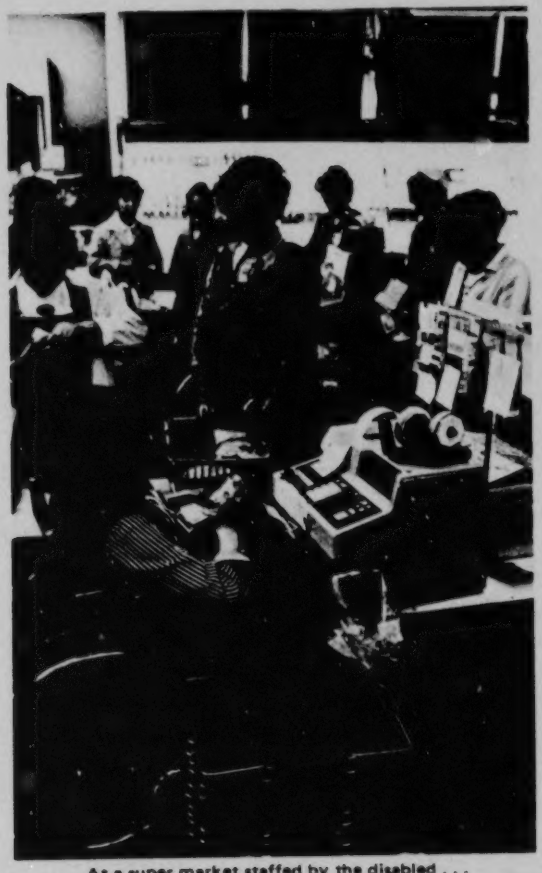
Development of community welfare

Initially, giving vocational training to the disabled and establishing residential care institutions were the two main objectives of the welfare program for the disabled in Japan. However, an increase in the number of those with severe physical disabilities and changes in with the needs of the physically disabled have promoted the development of community welfare projects. These projects have recently become a third objective of the welfare program.

These projects found their roots in the early seventies when the movement to remove barriers for the disabled began in Sendai. It soon became a nationwide movement paving the way for the establishment of a Model Welfare City Plan in 1973. This plan was aimed at improving the living environment for disabled people, for promoting greater understanding among Japanese citizens, and for encouraging more social participation by the disabled. As a result of the plan, 53 cities were designated as "model cities for the disabled" for a three-year period. It was further developed by various projects to promote social participation and to help develop physically and attitudinally accessible communities for the disabled.

It is very desirable that the disabled should be able to live in harmony with other citizens of the community. To accomplish this, it is necessary for various measures to be planned and acted on to assist the disabled and their families in living in communities.

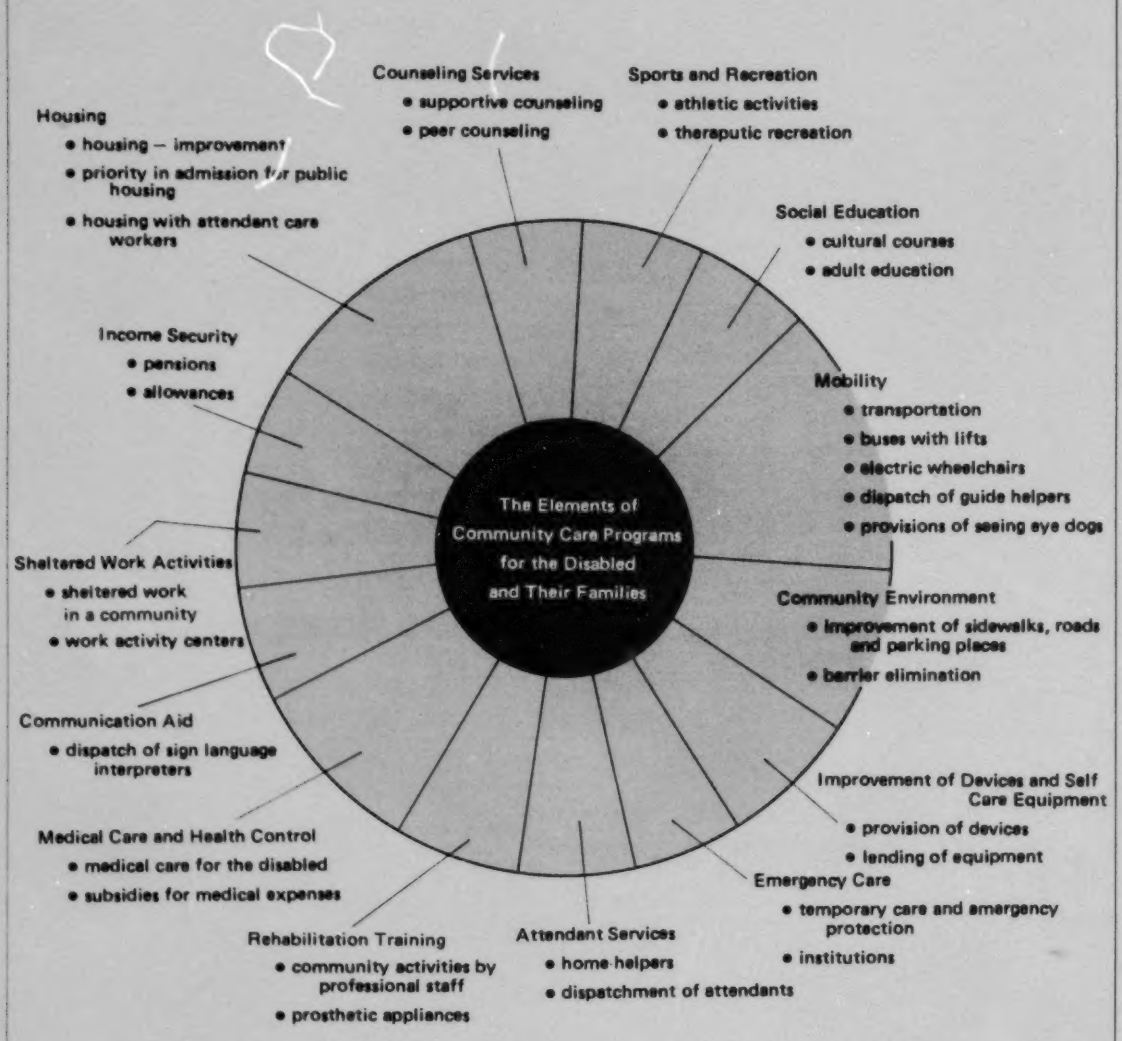
Community welfare projects have become a great help to disabled people and their families, covering a wide range of assistance measures. Included among these are housing, improvement of community environment, mobility, social education, sports and recreation, counseling services, emergency care, nursing care, improvement in devices used by the disabled in their daily lives, rehabilitation, medical care, health control, employment, and income security.



At a super market staffed by the disabled . . .

The customers themselves are frequently disabled.

Fig. 2 The Elements of Community Care Programs for the Disabled and their Families



Source: Modified from Tezuka's idea

Housing

Housing is one of the most important concerns for disabled people and their families. Housing loans are now available, and special housing for the disabled is now under construction. Also, additional housing construction expenses are being subsidized, and priority is being given to the disabled in applications for public housing. The Tokyo Municipal Government has set up a program of housing with attendant care for the disabled.

Community environment

To facilitate the community life of the disabled, improvement of their physical environment is now being sought. Some areas that are being improved include pedestrian walkways. Sidewalks are being built lower with built-in Braille tiles for guiding the blind. Slopes are being constructed to give access to pedestrian bridges. Entrances, corridors, stairs, toilets, offices, emergency facilities, and elevators, in public buildings are being improved to

accommodate wheelchairs. Also, improvements are under way in municipal parks and other public facilities.

Mobility

Since mobility is indispensable to the disabled person, measures are being taken to increase this. In railway stations, Braille tapes are attached to ticket vending machines; Braille tile markers for guiding the blind are placed along the edges of platforms; guide dogs are permitted to ride with their masters; and for the convenience of those in wheelchairs, entrances, elevators, and toilet facilities in the stations are being improved. In addition, extra space has been added to the express trains.

Buses with lower floors and wider doors are being built, as are buses with doorway lifts. "Welfare taxi services" for the disabled are being organized.

There are special discount fares on railway, bus, and airline tickets. Provision of electric wheelchairs, reductions on automobile taxes, and financial aid for driving lessons are becoming more common.

Social education, sports, and recreation

In order to enjoy living in their communities, disabled people need social education, as well as sports, and recreational activities. As for social education there are classes for the mentally and physically disabled, cultural courses for adults, Boy Scout programs, and local gatherings of interest to disabled people.

Sports include athletic activities for and by the disabled. These events call for special attention from all people. When the Paralympic Games were held in Japan following the 1964 Tokyo Olympics, those related to welfare in this country were astounded to find that the disabled from abroad who took part in the games were usually employed in their own countries, while their Japanese counterparts were often residents of rehabilitation institutions. Shock over this discovery led to the holding of a First National Athletic Meet for the Disabled in 1965. In 1980 the 16th Meet was held following the National Athletic Meet at Tochigi. Today things are better than in 1964, and a large number of Japanese athletic groups have organized wheelchair basketball games and ski trips for the disabled.

Athletic meets for the mentally disabled have been held independently and jointly by several institutions and schools. In 1980 Japan joined the International Special Olympics organization and will be holding its First Special Olympics in 1981.

Other recreational activities such as films for the deaf-mute are being programmed in local welfare centers.

Counseling services

Counseling services providing opportunities to talk over problems and needs with other citizens play an important role in assisting the disabled to live productively in the community. Some of the resources available include prefectural child guidance centers, municipal welfare offices, municipal public health centers, mental health centers and public employment security offices. There are also specialized rehabilitation counseling centers for both the physically and mentally disabled as well as vocational guidance centers and educational counseling centers.

Improvement of devices

Rehabilitation devices are either loaned or provided to the disabled to facilitate their daily lives in their communities. Such devices include electric wheelchairs, bathtubs, special toilet stools, electric typewriters, special beds, etc. Financial aid is also given to help cover the expense of telephone installation and bathroom improvements.

Emergency and nursing care

Emergency care is needed in such cases as when a disabled person's guardian is ill. In this instance, the disabled person may be temporarily placed in an institution.

Nursing care services include sending attendants, helpers, and nurses to the homes of disabled people to assist them in their daily lives, and giving aid to severely physically and mentally disabled people.

Medical care

Services covering medical care and health control for the disabled living in the community and rehabilitation for the home-bound are gradually becoming available.

4. Income Security

Systems to assure incomes for the disabled in Japan are very complicated and diversified. Generally they may be classified as follows: the pension system, provision of devices used by the disabled, reduction and exemption of medical expenses, the discount system, inpatient's allowance for daily necessities and food expenses, and other allowance systems, including both national and local. Besides these allowances, there are social benefits which are included in the public assistance system. The wide range of assistance in this income security system is illustrated in figure 6.

The pension system and payment standards

As can be seen in figure 3, the pensions covering the disabled are divided into two categories. Contributory pension programs include the Employees' Pension plan, various mutual benefit association pensions programs and the National Pension plan. The second category of non-contributory programs are provided as part of the public assistance system.

Contributory pension benefits are paid to any contributors who become disabled. Disability Welfare Pension benefits are paid to those who become disabled before reaching the age of 20 through sickness, injury, or congenital illness and are not, therefore, covered by any other pension plan. This means that those who become disabled before reaching adulthood can receive only the Disability Welfare Pension benefits.

The amounts of the Contributory Pension benefits differ according to the period of contribution. The Disability Welfare Pension benefits are lower than other benefits in that they are non-contributory and are paid from tax money. Therefore, eligibility to receive the benefits is severely limited by income of the beneficiary or his dependents.

Expense reductions and exemptions

To facilitate the daily lives of the disabled, allowances covering the necessary expenses for improvement of bathrooms are granted (tubes – approximately ¥350,000 maximum; toilet area remodeling – approximately ¥330,000 maximum; and purchase of special toilet stools – approximately ¥330,000 maximum).

Electric typewriters (¥180,000 maximum) or Japanese typewriters (¥49,000) are provided for those who have difficulty in speaking or writing.

Electric wheelchairs (standard price ¥260,000) and ordinary wheelchairs (standard price ¥74,500) are also provided. Other articles such as tape recorders, watches for the blind, and time switches are provided according to the degree of the disabled person's disability and his need.

Artificial limbs and eyes, trunk braces, spectacles, Braille devices, and other protheses are provided freely for those whose income is exempted from local taxes. Those with taxable incomes are asked to share in the expense according to their income gradings.

Medical Expenses

Reduction of medical expenses is allowed through various health insurance program, but, in the case of the physically and mentally disabled, the portion not covered by insurance is paid by the government under the Medical Expenses Assistance Program for the Physically and Mentally Handicapped.

The Mental Health Law stipulates the payment of expenses incurred by institutional welfare placement and visits to hospitals. Health examinations for infants are paid by the government.

Treatment by kidney dialysis machine is very expensive, but once a person is recognized as being internally disabled, the expenses are paid in full by the government.

Discount system

Discounts for the disabled are effective on the national railways, excluding express and other special charges. Internally impaired people are excluded from these discounts.

There is also a discount on bus fares and a 50% discount on express highway tolls.

Tax reductions

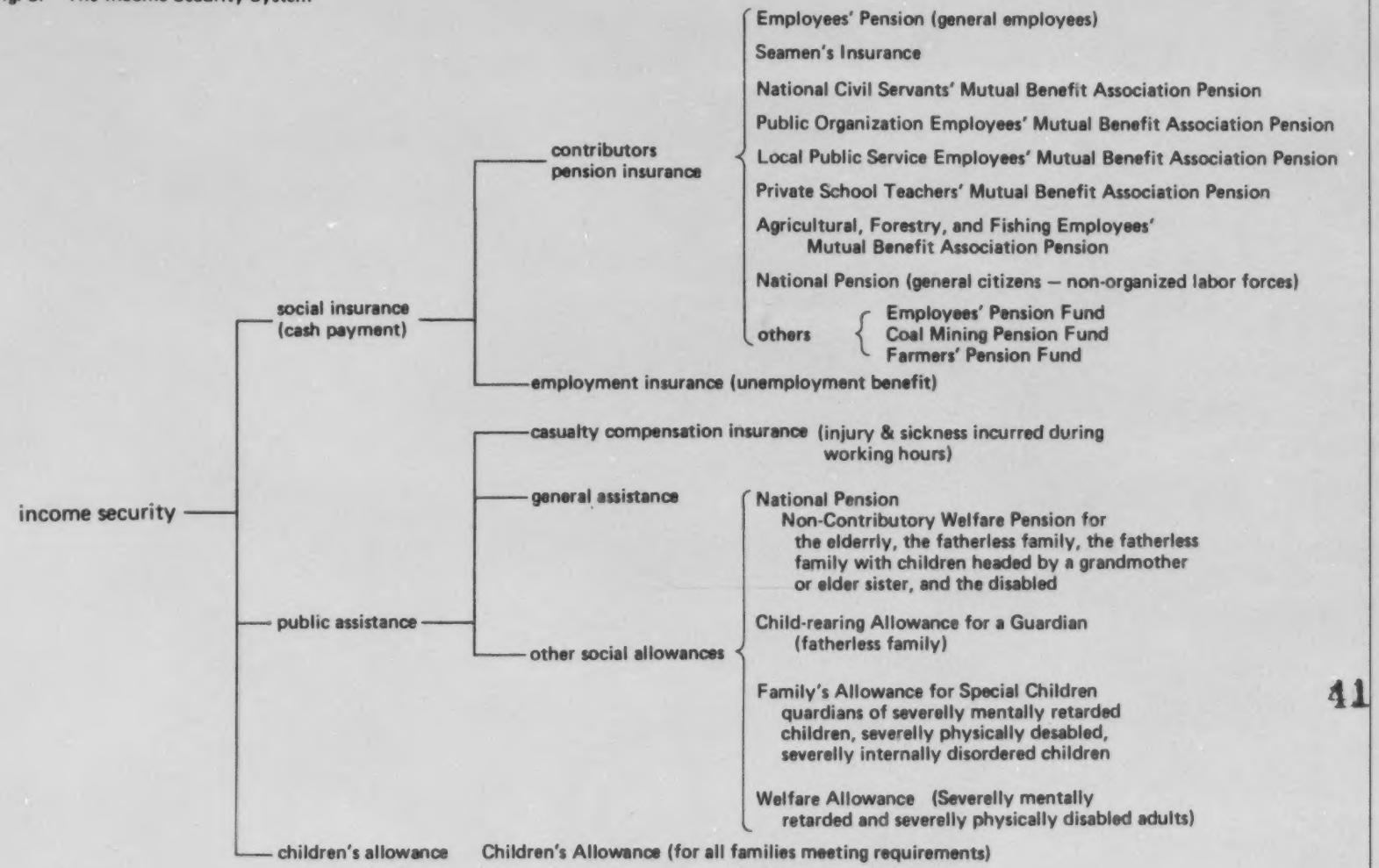
The basic annual deduction of ¥290,000 against one's taxable income is allowed for the general public, but for the disabled with taxable incomes, the basic deduction reaches ¥520,000, and for severely disabled people the amount of deduction is ¥600,000.

Commodity taxes such as the automobile tax are also exempted if such commodities are indispensable to a disabled person in his daily life.

National subsidies for entering institutions

When a patient enters a hospital home for crippled

Fig. 3. The Income Security System


income security
social insurance (cash payment)
contributors pension insurance
Employees' Pension (general employees)
Seamen's Insurance
National Civil Servants' Mutual Benefit Association Pension
Public Organization Employees' Mutual Benefit Association Pension
Local Public Service Employees' Mutual Benefit Association Pension
Private School Teachers' Mutual Benefit Association Pension
Agricultural, Forestry, and Fishing Employees' Mutual Benefit Association Pension
National Pension (general citizens — non-organized labor forces)
others
Employees' Pension Fund
Coal Mining Pension Fund
Farmers' Pension Fund
employment insurance (unemployment benefit)
public assistance
casualty compensation insurance (injury & sickness incurred during working hours)
general assistance
National Pension
Non-Contributory Welfare Pension for the elderrly, the fatherless family, the fatherless family with children headed by a grandmother or elder sister, and the disabled
other social allowances
Child-rearing Allowance for a Guardian (fatherless family)
Family's Allowance for Special Children quardians of severelly mentally retarded children, severelly physically desabled, severelly internally disordered children
Welfare Allowance (Severelly mentally retarded and severelly physically disabled adults)
children's allowance
Children's Allowance (for all families meeting requirements)

Source: IYDP-NGO, Pre-National Conference Report.

children, an institution for mentally retarded children, a facility for severely mentally and physically handicapped children, an institution for autistic children, or a residential care facility for the mentally retarded, the expenses are, in principle, paid by the government. However, if the patient's family has a large income, it assumes the cost.

Expenses for inpatient medical care are also included in these subsidies.

Allowances (fiscal year 1980)

The amount of ¥8,750 is paid monthly by the government to the severely disabled. Fathers with severe disabilities receive ¥29,300 per month for the first child, ¥5,000 per month for the second, and ¥2,000 per month for the third child as a Child Support Allowance.

A Special Child's Dependent Allowance in the amount of ¥33,000 per month is paid to the parents of severely mentally or physically disabled children.

Some local governments provide further allowances. The Tokyo Municipal Government pays a severely disabled allowance of ¥28,000 per month, and the Welfare Allowance for the Physically and Mentally Disabled is ¥6,000 to ¥10,000 per month in addition to any other financial aid from the various city wards. Viewed on a nationwide scale, Tokyo is a rare case. Local governments which provide such allowances are few, and if they do so, the amounts are usually very low.

The public assistance program

Article 25 of the Constitution stipulates that every citizen has the right to maintain a minimum standard of living. In keeping with this, the Public Assistance Program was established to aid the indigent accordingly and to assist him/her in gaining financial independence. This program naturally covers disabled people who are without income, but places emphasis on relief for the poor and their families. Moreover, it monitors the responsibility of a dependent's parents, spouse, and relatives, and demands a thorough and strict means-test before deciding who shall benefit from its application. Therefore, it is not desirable to secure a disabled person's income with this program.

According to the 1980 survey, about 90,000 handicapped people (four times the number of general healthy beneficiaries) are supported by the Public Assistance Program. An annual maintenance fee of ¥65,000 is paid to a person with a house. A special renting standard is set by each prefecture. The Category 2 Public Housing Rent of the previous year is the standard amount. If nursing care is needed, a monthly fee of ¥30,900 is supplied for hiring and attendant, and a supplement of ¥8,000 is paid to a family who cares for the disabled person.

Future improvement

Voices calling for a strengthening of a minimum daily life security system for the disabled want such a program to be funded through improvement of the existing pension programs and the introduction of a new disability allowance system. These standards will probably be met in the next few years as our income security system for the disabled will, hopefully, be reorganized and reformed, and the payment stand raised.

5. History and Current Situation Concerning Community Movements of the Disabled

Organizations for the disabled actively working at present in Japan were established primarily in the postwar period (after 1945), with several exceptions such as the Japanese Society of Injured Soldiers. Values have changed markedly since the end of the war, as demonstrated by the new postware Constitution. Although there remained some prewar social welfare institutions, the Constitution, School Education Law, Child Welfare Law, and the Law for the Welfare of Physically Hnadicapped Persons were all enacted after the war.

The whole welfare legal system and attitudes toward social welfare have been completely reorganized. This has given birth to various new organizations for the disabled. Unfortunately, there is no precise information available on how many agencies and groups are serving the disabled in Japan at the present time. Organizations which have a nationwide network, such as the National Parents' Union for Crippled Children, All Japan Parents' Association for the Mentally Retarded, and the National Federation of Organizations for the Physically Handicapped total more than 100. If groups concerned with different disabilities or voluntary community groups were added, the number would doubtless be much larger, yet the exact number is unclear. There are 102 organizations registered in the Japanese Council for the International Year of Disabled Persons, and 135 organizations are registered in the List of Unions for the Mentally and Physically Handicapped (November, 1978) drawn up by the National Council of Social Welfare.

The creation of these federations is divided into three phases. The first phase is from the end of the war through the 1950s. Federations organized during this period are the Japan League of Societies for the Blind (1948), All-Japan League of the Deaf and Dumb (1950), All-Japan Parents' Association for the Mentally Retarded (1952), Green Grass Society (1957), and the National Federation of Organizations for Physically Handicapped Persons (1958), organized earlier (1947) as the National League on Rehabilitation for the Disabled. These organizations deal mainly with impairments which were at the center of discussion even before the war, such as blindness, deafness, physical impairments (including war injuries), and mental retardation.

In the 1960s many groups, drawn together by type of impairment, were established, including parents' societies. This period coincided with the time when Japan was recovering from the devastation of war and was entering an era of high economic growth. The Morinaga arsenic poisoned milk accident occurred in 1955, followed by an outbreak of polio in 1961, and the thalidomide calamity in 1962. Traffic accidents, industrial disasters, and pollution also came to the fore during this period. Newly created organizations were the National Parents' Association for Crippled Children (1961), the National Parents' Association for Speech Handicapped Children (1962), the Parents' Association for Children with Heart Disease (1963), the Japanese Association of Muscular Dystrophy (1964), and the Parents' Society for Children's Future (1962). These organizations, benefiting from the economic prosperity of the time, gave great momentum to the progress of welfare for the disabled. The year 1960 saw the enactment of the Law for the Welfare of Mentally Retarded Persons and of the Physically Handicapped Persons' Employment Promotion Law. The Five-Year Plan of building special schools and schools for mentally or physically handicapped children was also implemented. In 1961 "Shimada Ryo Ikuen," an institution for children with severe mental and physical impairments, was founded. A general survey on the mentally retarded was carried out on a nationwide scale. In 1962 the Special Education Section of the Ministry of Education was upgraded to the Special Education Department. Sale of thalidomide sleeping pills was suspended. In 1963 the Law for the Welfare of the Aged was enacted. The Paralympic Games were held in Tokyo in 1964. During this same year the Severely Mentally Retarded Child Rearing Allowance was promulgated.

Affluence as a result of the rapidly growing economy made it possible to implement a variety of welfare policies. Laws and ordinances enacted were well organized, and the institutions were being used at full capacity. Since the late 1960s movements related to the disabled have drastically changed in character. In 1968 student unrest erupted at various universities all across Japan. Accumulated student frustration against authority exploded on the campus in the form of radical student behavior. The same

kind of thing was true with regard to the disabled. This situation was reflected in questions raised by the disabled as to whether or not welfare institutions guaranteed their human rights.

Since this period, movements of disabled people have expanded. Prior to the beginning of the 1960s, the movements were largely composed of disabled persons themselves and their families. During this period of upheaval, students, volunteers and labor unions were also involved, giving the activity the character of civil rights movements.

It was primarily during this time that professional study groups were organized. Among those representative of such groups is the National Council which was established in 1967 as a federation of associations of the disabled in collaboration with a number of labor unions, such as the All-Japan Teachers' Union. Their purpose was to protect the life and rights of the disabled. Another group also established in 1967 was the National Society for the Study of Disabled Persons' Problems. The National Liaison Association was established in 1975 for the purpose of demanding livelihood security for the disabled. This group was backed by the General Council of Japanese Labor Unions.

Future movements for the disabled will very likely follow patterns established by organizations described above. Movements by the disabled which demand the restoration of the neglected rights of the disabled in an earlier phase have turned into movements by society at large, now imbued with the concept that problems of the disabled belong to all citizens, including the aged and children, together with ordinary people.

Thus far, groups working for the disabled have been discussed from the historical point of view. Looking at them in terms of their content, however, they can be roughly divided into six categories. The first category is composed of professional study groups organized by type of disability. The Society for Rehabilitation Medicine, the Japanese Association for the Study of Mental Retardation, the Japanese Society for the Study of the Disabled's Problems, the Japanese Society for Crippled Children, the National Association of Sheltered Workshops, the Japan Charity Plate Association, and the National Association for Employment of the Handicapped are all in this category.

Secondly come the groups organized by the disabled themselves. The National Council for protecting the life and rights of the disabled, the National Meeting of Wheelchair Users, the National Conference for the Liberation Movement of the Handicapped, the Coordination Council for Demanding Life Security for the Handicapped, the National Union of Spinal Cord Injury, the National Society of Green Grass, the National Federation of Organizations for Physically Handicapped Persons, the All-Japan League of the Deaf and Dumb, the Japan League of Societies for the Blind, and the Japanese Society of War Injured Soldiers are considered examples. Besides the groups introduced so far, there are yet countless numbers of groups for the disabled.

The third type of group are those organized by the disabled themselves and their parents. These groups vary according to mental disability, physical disability, and so on. Major examples are the National Parents' Union for the Mentally Handicapped, the All-Japan Parents' Association for the Mentally Retarded, the National Parents' Federation for Autistic Children, the National Association for the Epileptic, the Parents' Association for Mentally and Physically Handicapped Children, the National Parents' Association for Children with Heart Disease, the Japanese Association of Muscular Dystrophy, the National Parents' Association for Crippled Children, the Parents' Society for the Future of Disabled Children, the National Parents' Society for Children with Speech Handicap, the Parents' Society for Auditorily Handicapped Children, and the Parents' Society for Children with Cancer.

The fourth category includes groups organized by patients with complex diseases and their parents. The National Association of Patients with Hemophilia, the National Association of Patients with Multiple Sclerosis, the National Association of Patients with Muscular Dystrophy, the National Association of Patients with Parkinson's Disease, the National Association of Patients with Rheumatism, the Association of Patients with Bechet's Disease, the National Association of Patients with Collegen Disease, the Association of Patients with Diabetes Mellituses, and the Association of Hepatitus are in this category.

In the fifth category are groups related to institutions for the disabled. The Japanese Association

for the Care and Training of the Mentally Retarded, the Japanese Association on Welfare of the Severely Handicapped, the National Administrative Council of Hospital Homes for Crippled Children, the National Directors' Conference of Home for Deaf, Blind, and Mute Children, the National Council of Homes for Physically Weak Children, the National Council of Rehabilitation Institution for the Internally Handicapped, and the National Council of Social Welfare Institutions for the Blind are in this category.

Schools for the disabled are in the sixth group and include such organizations as the National PTA Union of Special Schools for Physically or Mentally Handicapped Children, the School Masters' Meeting, the National Society of Special School Masters, the National PTA Union of Special Schools for Mentally Retarded Children, the National PTA Union of Schools for the Blind, and the National League for Promotion of Education for Exceptional Children.

In addition to the six categories above, it will be worthwhile taking note of some groups with nationwide networks. Since they are numerous, only groups established in the 1950s are mentioned here.

The All-Japan Parents' Association for the Mentally Retarded (Parents' Society of Going Hand in Hand) (National Tobacco Center Building, 2-16-1 Nishi Shinbashi, Minato-ku, Tokyo) is the oldest parents' society organized by parents with handicapped children. It was initiated by three mothers living in Tokyo whose disabled children attended special classes and who warmly appreciated their childrens' growth. They called on others to join their childrens' growth. They called on others to join with them by saying that they would like to share their joy with all other parents who have mentally retarded children. In the beginning 50 people participated. This society, which initially was comprised of four community organizations, has now developed into a huge organization operating local meetings in 47 different prefectures. Some 2,000 local units convened originally either by a community, by a special education school, or by child care institutions, form local societies organized by prefectures. These societies then organized an "All-Japan Parents' Association for the Mentally Retarded," thus forming a pyramidal structure. At present its full membership numbers about 260,000 households, with patron members numbering some 250,000. This organization has played a significant role in improving welfare for the mentally retarded, as is seen in the enactment of the Law for the Welfare of the Mentally Retarded (1960). It has contributed to a variety of social work projects, such as building more special schools and institutions, promoting home policies and social understanding, and educating parents. It seeks to achieve the goal of seeing every disabled person raised and accepted as a member of the community able to enjoy a bright and happy life as a human being in every place – home, school, institution, working place, and community.

The National Federation of Organizations for Physically Handicapped Persons (3-1-26 Mejiro, Toshima-ku, Tokyo) embodies the following two organizations: the All-Japan League of the Deaf and Dumb (130 Yamabuki-cho, Shinjuku-ku, Tokyo), which unites the groups for the disabled meeting in their prefectures and in selected cities with about 30,000 full members, and the Japan League of Societies for the Blind (1-10-33 Takadanobaba, Shinjuku-ku, Tokyo), with about 80,000 members. They are actively engaged in petition and appeal activities seeking to promote life security, employment expansion, and public understanding. This federation has 58 member unions.

The National Society of Green Grass (3-10-2 Kyowa, Sagamihara-shi, Kanagawa Prefecture) is a federation serving persons disabled with cerebral palsy and has branches in 22 different prefectures, with about 5000 members. It is known for its active work with national and local authorities and positively addresses the demand for income security and the inadequacy of cerebral palsy preventive measures. It also has taken the the initiative in promoting the building of collaborative workshops.

The Natjonal Parents' Union for Crippled Children (4-3-12 Nishi Ikebukuro, Toshima-ku, Tokyo) is a parents' society with branch organizations in every prefecture. The small unions formed in various regions after 1952 were combined into a large association in 1961, with currently about 60,000 members. Being linked with the Japanese Society for Crippled Children, it carries out a variety of work, such as publishing agency magazines and convening national mass meetings.

6. Employment

Governmental statistics give the employment situation only for the physically disabled. This includes those with visual and auditory disabilities, sense-of-equilibrium disabilities, speech defects, voice disorders, a crippling condition, and disability in cardiac, respiratory, and kidney organs. The employment situation of those with other kinds of disabilities is not reported in detail. According to a February 1980 survey by the Ministry of Health and Welfare, of 1,977,000 disabled persons only 638,000 are employed, accounting for 32.3% of the total number. This is markedly lower than the general employment rate of 64.6% and is the lowest recorded since the war. The reason for the lower number might be found in the worsened overall employment situation, in the severity of disability, and in the aging of disabled persons.

Employment profile by type of diability are listed in table 4. (March 1973, Ministry of Labor).

The employment assistance system

The employment system is roughly divided into three categories: office employment, self-employment, and employment at workshops with no contract. The Ministry of Labor generally assumes responsibility for assistance in employment, and the Ministry of Health and Welfare is responsible for other types of assistance. The process by which employment assistance is offered is diagrammed in figure 4.

A series of services for employment promotion and job security, such as job hunting, job placement, and employment aftercare, have been extended to mentally and physically disabled persons aided by the Employment Countermeasures Law, the Employment Security Law, the Physically Handicapped Persons Employment Promotion Law, and the Vocational Training Law. Employment guidance and vocational training are being provided to registered physically disabled or mentally retarded persons only. These persons receive pay at the rate of ¥10,000 to ¥80,000 per month while being trained. Loans are available for the purchase of cars and tools or for employment allowances. Employers who are willing to offer on-the-job training to disabled persons can enjoy a very elaborate assistance system, which includes grants or loans extended for facility expenditures incurred by hiring the disabled and also aid for personal expenditures for employment management and training.

The Physically Handicapped Persons' Employment Promotion Law incorporates a "Quota employment system" as its most noteworthy feature. Each organi-

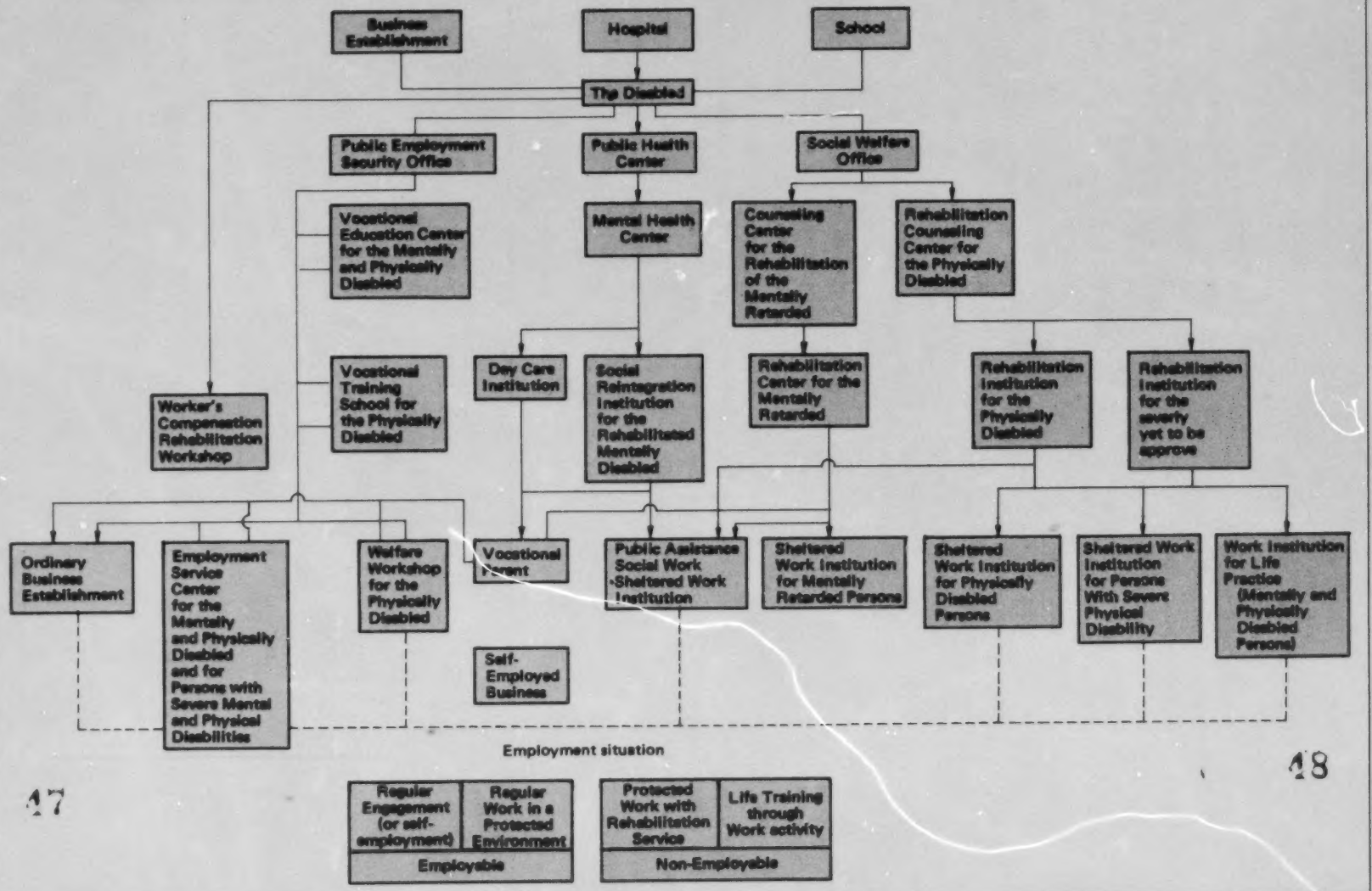
Table 4. Employment Profile of the Disabled by Type of Physical Disability

(October, 1973)

Type of Employment / Type of Disability	total	self employed	helper to the self employed	full-time employment	part-time day labor	home industry	sheltered work institutions	others	Ratio All Employed disabled
all employed disabled	100%	33.6%	8.1%	46.3%	6.8%	4.0%	0.4%	0.8%	100%
visual impairment	100	50.4	10.5	28.6	8.0	2.1	–	0.4	11.2
auditory impairment	100	24.7	12.4	48.4	10.1	4.1	0.3	–	14.9
crippling condition	100	32.7	6.8	49.4	5.7	4.3	0.4	0.7	68.9
internal impairment	100	31.7	7.3	46.4	9.8	2.4	–	2.4	1.9
multiple impairment	100	36.9	9.2	32.3	9.2	4.6	1.6	6.2	3.1
non-disabled	100	15.7	13.5	63.1	5.9	1.8	–	–	

Source: Ministry of Labor

Fig. 4. Vocational Rehabilitation Resources System


Business Establishment
Hospital
School
The Disabled
Public Employment Security Office
Public Health Center
Social Welfare Office
Vocational Education Center for the Mentally and Physically Disabled
Mental Health Center
Counseling Center for the Rehabilitation of the Mentally Retarded
Rehabilitation Counseling Center for the Physically Disabled
Worker's Compensation Rehabilitation Workshop
Vocational Training School for the Physically Disabled
Day Care Institution
Social Reintegration Institution for the Rehabilitated Mentally Disabled
Rehabilitation Center for the Mentally Retarded
Rehabilitation Institution for the Physically Disabled
Rehabilitation Institution for the severly yet to be approve
Ordinary Business Establishment
Employment Service Center for the Mentally and Physically Disabled and for Persons with Severe Mental and Physical Disabilities
Welfare Workshop for the Physically Disabled
Vocational Agent
Public Assistance Social Work Sheltered Work Institution
Sheltered Work Institution for Mentally Retarded Persons
Sheltered Work Institution for Physically Disabled Persons
Sheltered Work Institution for Persons With Severe Physical Disability
Work Institution for Life Practice (Mentally and Physically Disabled Persons)
Self-Employed Business
Employment situation
Regular Engagement (or self-employment)
Regular Work in a Protected Environment
Employable
Protected Work with Rehabilitation Service
Life Training through Work activity
Non-Employable

zation is required to employ a determined ratio of disabled persons: 1.5% is set for private enterprises, 1.8% for special juridical persons, 1.8% for practitioners, and 1.9% for agencies of the government and municipal offices. A levy is imposed on those who do not meet the required ratio. At present the levy amounts to ¥30,000 for each person less than the required quote. Those who offer jobs to the disabled in excess of the quota are supplied with encouragement grants of ¥8,000 to ¥15,000 per person employed above the required quota, depending on the scale of the enterprise. The quota system has not been fully implemented as yet. The reason for this may be that the revision of the law in 1976 is still relatively recent. It is also noted that large organizations in particular have not yet seriously addressed the problem of applying the system, resulting in an accumulation of levy fees reaching 18 million yen annually. Encouragement grants and aids are withdrawn from this levy, but the fund may not be utilized for purposes other than employment of the disabled persons or related matters.

The quota employment system is applied only to physically disabled persons, and the employment assistance system is applied to both the physically disabled and the mentally retarded. Other disabled persons, such as the mentally disabled, and those with epilepsy, complex diseases and other extralegal organic disorders, are not protected by any national laws or ordinances pertaining to either welfare or employment. Some local authorities provide mentally disabled persons with a job promotion system, such as aid to guarantors of employment for disabled persons. The employment situation for mentally and physically disabled persons, according to an October 1978 survey, as reported by the Ministry of Labor, indicates that 233,000 physically disabled persons and 31,000 mentally retarded persons are hired by private enterprises with more than five employees. The average monthly wage is ¥155,900 for the physically disabled, and ¥76,000 for the mentally retarded, whereas general workers receive an average monthly wage of ¥168,000.

A pre-vocational training group in the comminity.

"Pay day tomorrow!" — The universal joy of employed people.

Employment at welfare workshops

The welfare workshop for the disabled, a kind of sheltered institution established under the Law for Establishing the Welfare Society for Physically and Mentally Handicapped Persons, is an institution that offers factory, dormitory, and rehabilitation services to disabled persons who have a working ability similar to the general worker but find it difficult to be employed due to commuting problems or to other work-related circumstances. This kind of institution is provided with grants for improving factory facilities and rehabilitation services but is not provided with subsidy for wages for disabled employees. This kind of workshop is regulated under the Physically Handicapped Persons' Employment Promotion Law and can receive the same amount of employment aid as the other general agencies do. The October 1979 statistics report that there are 18 factories of this kind, with 866 persons working in them.

Self-employment

Since disabled persons have difficulty in finding jobs, many turn to self-employment even though they have had training at vocational rehabilitation offices or institutions. Provisions of the public assistance system are frequently not, however, fully implemented for persons in this field. In practice, those who opt for self-employment end up with very small businesses that cannot afforded to hire needed staff. As for the assistance system, the Ministry of Health and Welfare gives priority to the disabled when choosing employees for kiosks located inside public facilities, when selecting tobacco retailers, and in the case of issuing family rehabilitation loans.

The Ministry of Labor supervises a guarantee system of loans allocated for opening self-employment businesses. All of these are not, however, effectively utilized.

Sheltered work institutions

Sheltered work institutions or rehabilitation workshops are operated by public or private service corporations supported with public money, based on applicable laws and ordinances (Table 5). Sheltered work institutions have set as a goal vocational independence for disabled persons who find it difficult to be employed. These institutions extend rehabilitation services to and provide some jobs for disabled persons so that they become able to achieve self-support. Concomitant with an increase in the number of the severely disabled, however, a tendency toward self-support achieved inside the institutions has been observed in almost all cases. A variety of jobs are offered — farming, handicrafts, and factory production are examples of more than 260 possibilities. Wages also vary, ranging from ¥3,000 to more than ¥100,000 per month. Mentally retarded persons, most of whom are engaged in farming or in the production of handicrafts, generally tend to earn lower wages, but some attain higher productivity by having business tie-ups with private enterprises.

In working with a high-heat assembly process an artificial hand is an occupational advantage.

Table 5. Sheltered Work Institutions and Workshops by Function

(October, 1979)

Kind of Institution	Legislative Provision for Service	Function	No. of Institutions	Disabled Workers	Staff
Sheltered work institution for socially disabled	Daily Life Security Law	To provide those who find it difficult to be employed due to some physical mental, or family reasons, with vocational training and employment opportunities to help them achieve independence (goal of economic independency)	77	3,227	419
Sheltered work institution for socially disabled	Social Welfare Services Law		142	4,928	1,080
Sheltered work institution for the physically disabled	Law for the Welfare of the Physically Handicapped	To provide the physically disabled suffering employment difficulty and economic distress with vocational training and job opportunity and help them attain economic independence (goal of social integration)	75	3,546	1,334
Sheltered work institution for the severely physically disabled	(same as above)	To accommodate train, and give jobs to the severely physically handicapped and to help them achieve self-support. (goal of self-support inside the institutions.)	63	3,757	1,385
Sheltered work institutions for commuting disabled workers	(same as above)	To be administered on commercial bases.	4	80	56
Welfare industries for the disabled	(same as above)	Not to provide hostel service. To provide industrial work for commuting workers.	19	1,045	
Sheltered work institution for the mentally retarded (Residential)	Law for the Welfare of the Mentally Retarded	To accommodate, train, and give jobs to the mentally retarded so that they can achieve self-support. (goal of social integration)	89	5,890	2,624
(for those who can commute)	(same as above)	The same as – the above except that this institution is only for those who can commute.	86	2,809	912
Worker's compensation rehabilitation workshop	Worker's Compensation Insurance Law	To provide patients with severe spinal cord injury with work and to help them achieve independent living. (goal of social integration)	8	312	143
Total			540	24,469	7,900

Note: 1. The number of sheltered work institutions for commuting disabled workers, welfare industries for the disabled and worker's compensation rehabilitation workshops shown are as of 1980.

2. Since 1980, the number of sheltered work institutions for the physically handicapped who can commute have been set at 20 or more.

Engagement at sheltered work institutions or workshops is treated as non-employment, though it does not differ much in terms of working conditions from employment at welfare workshops for the disabled or from general employment. In consideration of this trend, the Ministry of Labor has started to examine the application of the protective employment system as a transitional employment program in order to further general employment of the disabled.

Extralegal work institutions

On the grounds that registered sheltered work institutions do not meet community needs, self-governing bodies, volunteers, and parents' groups have built small-scale institutions of 5 to 15 persons where mentally disabled and multiple disabled persons work together. There are 300 institutions of this kind all over Japan, serving more that 3,500 persons, and the number is increasing.

Computer assembly

7. Elderly Disabled

It is clear from the figures in table 6, a survey on conditions of the physically disabled conducted by the Ministry of Health and Welfare, that the total number of physically disabled persons in Japan increased by 1.505 times, rising from 1,314,000 in 1970 to 1,977,000 in 1980. Classification by age shows a marked increase in the elderly. The physically disabled over the age of 65 increased from 443,000 in 1970 to 827,000 in 1980, an 87% increase. In addition, its proportion to the total number of disabled was 41.8% in 1980. The population ratio of elderly people over the age of 65 used to be rather low in Japan when compared with Western countries, but recently this ratio has been on the increase. It reached 8.9% in 1980 and is estimated to rise as high as 14.3%, the current Western standard, by 2000. In the future, if this trend continues, the elderly disabled are most likely to account for a greater proportion of the total number of disabled persons.

The bedridden elderly

An outstanding difference in Japan, when compared with Western nations, is the causes of physical impairments. In the West, cardiovascular accidents, rheumatism, and arthritis occupy the top positions, whereas in Japan cerebrovascular accidents are the major cause. According to the 1980 survey on conditions of the physically handicapped conducted by the Ministry of Health and Welfare, cerebrovascular accidents account for 11.5% of the handicaps. This problem is typically visible among elderly disabled people. Table 7 shows the ratio of bedridden aged by kind of disease as reported in a 1968 survey by the National Council of Social Welfare.

Table 6. Increases in Elderly Disabled People

	Total number of the disabled	Number by age group	
		18 – 64	65 and over
1970	1,314,000	871,000	443,000
	(100%)	(66.5%)	(33.7%)
1980	1,977,000	1,150,000	827,000
	(100%)	(58.2%)	(41.8%)
1970/1980	1.505	1.320	1.867

Source: Ministry of Health and Welfare,
Survey on Conditions of the Physically Handicapped, 1980.

Table 7. Rate of Bedridden Elderly (65 and older) by Type of Illness

Illness	%	Illness	%
The total number	100.0	Asthma	1.5
Cerebrovascular accident	22.1	Tuberculosis	0.6
Rheumatism and Neuralgia	15.1	Cancer	1.0
High blood pressure	18:1	Accidents	3.0
Heart disease	3.4	Senility	26.2
Eye disease	5.0	Others	4.0

Source: National Council of Social Welfare,
Survey on Conditions of the Bedridden Elderly, 1968.

Maintenance of physical functioning is the purpose of physical therapy.

In the following remarks, the bedridden aged, unless otherwise specified, refers to the severely disabled over the age of 65 who have been confined to bed for over six months. Cerebrovascular accidents account for 22.1%, or more than one-fifth of all those confined to their beds. It is well known that cerebrovascular accidents cause a variety of mental disability, a lowering of the intelligence level, aphasia, as well as such physical disabilities as hemiplegia. Hardship incurred in daily life and in social contact as a result of cerebrovascular accidents are much greater than that caused by any other disease.

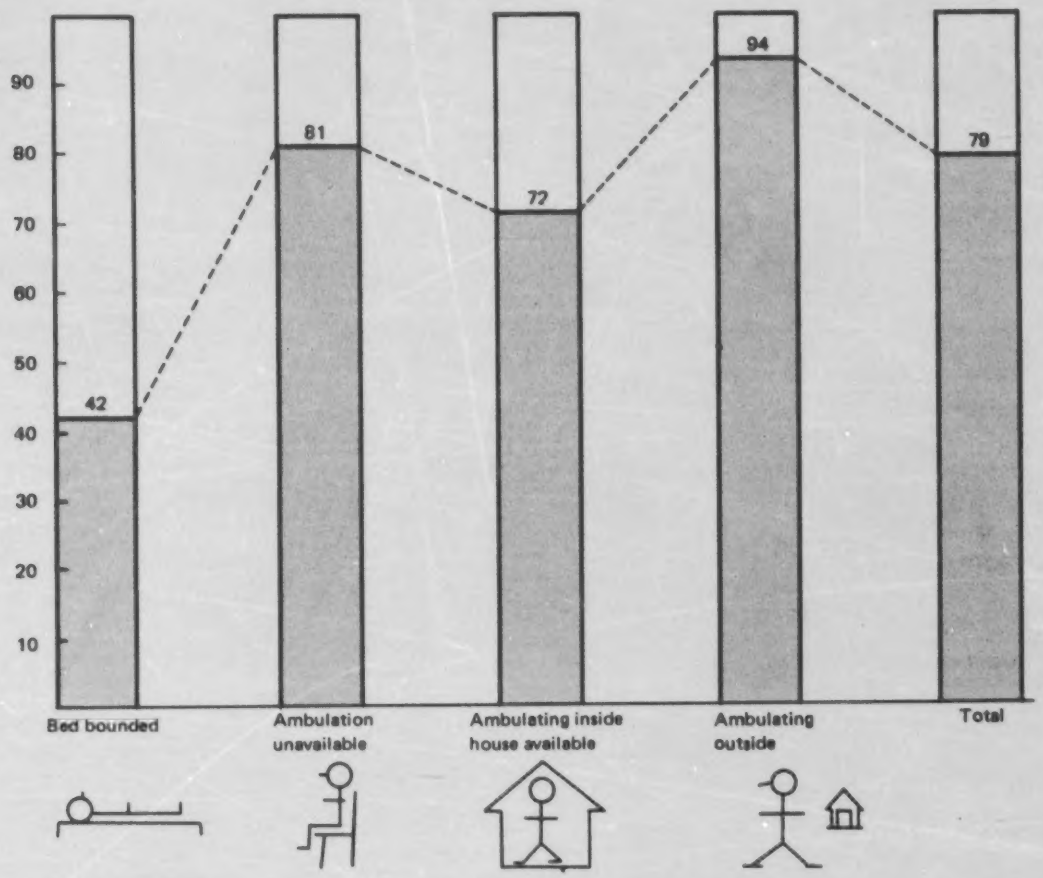
Community integration

Medical rehabilitation for the elderly disabled seeks to restore capability to achieve self-support through a rehabilitation of physical and mental organs, as with disabled persons in other age groups. In the case of the elderly disabled, however, not many will reach independence with medical rehabilitation alone. The elderly disabled need to be given social as well as medical rehabilitation from the very beginning. Only in this way can the disabled elderly be integrated into the community.

In Japan, a traditional family system that expects children to live with their aged parents has been a great help in promoting community living for the elderly disabled. However, Japan has recently experienced a decrease in the extended family system and an increase in the number of nuclear families. Furthermore, a limited housing situation in large cities worsens the situation, increasing the difficulty experienced by disabled elderly who try to remain in their own homes.

Figure 8 shows the percentage, by degree of dependency, of patients suffering from cerebrovascular accidents who were allowed to return to their homes as shown by one Tokyo hospital. This figure indicates some correlation between level of dependency and the rate of patient discharge to their own homes. That is, 94% of the disabled who achieved outdoor ambulation ability through rehabilitation were allowed to return home, while of the patients who remain confined to bed, only 42% were discharged from the hospital. The remaining cases were transferred to special institutions for long-term medical treatment.

Fig. 5 Percentage of Hospital Discharge Among Patients Suffering Cerebrovascular Accidents by Degree of Dependency



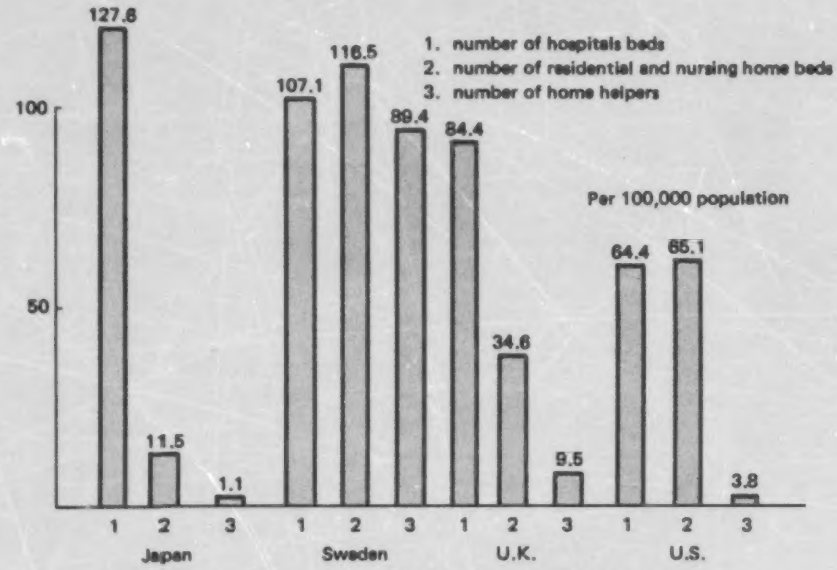
Source: *Rehabilitation Study*, Vol. 33, 1980, "Conditions Necessary for Enabling Elderly Disabled to Live in the Community."

Institutional care

Since World War II, tremendous effort has been made to bring medical care in Japan up to Western standards. In particular, the average life expectancy in Japan has been greatly extended. By 1979 Japan ranked first in the world with a life expectancy of 73.46 years for men and 78.89 years for women. In contrast to this, the rehabilitation system for the elderly disabled in Japan is lagging far behind that of the West. There are four kinds of welfare institutions for the aged. In the non-profit category are residential institutions for the elderly, special nursing homes for the elderly, and homes charging moderate fees. There are, in addition, a growing number of proprietary homes operated on a business basis. The first two types of institutions accommodate elderly persons who have physical or mental disabilities. Non-disabled senior citizens who have weakened physical conditions or senile dementia as a result of the aging process are also allowed to seek accommodation in these institutions. There are some institutions which provide special wards for the very aged person.

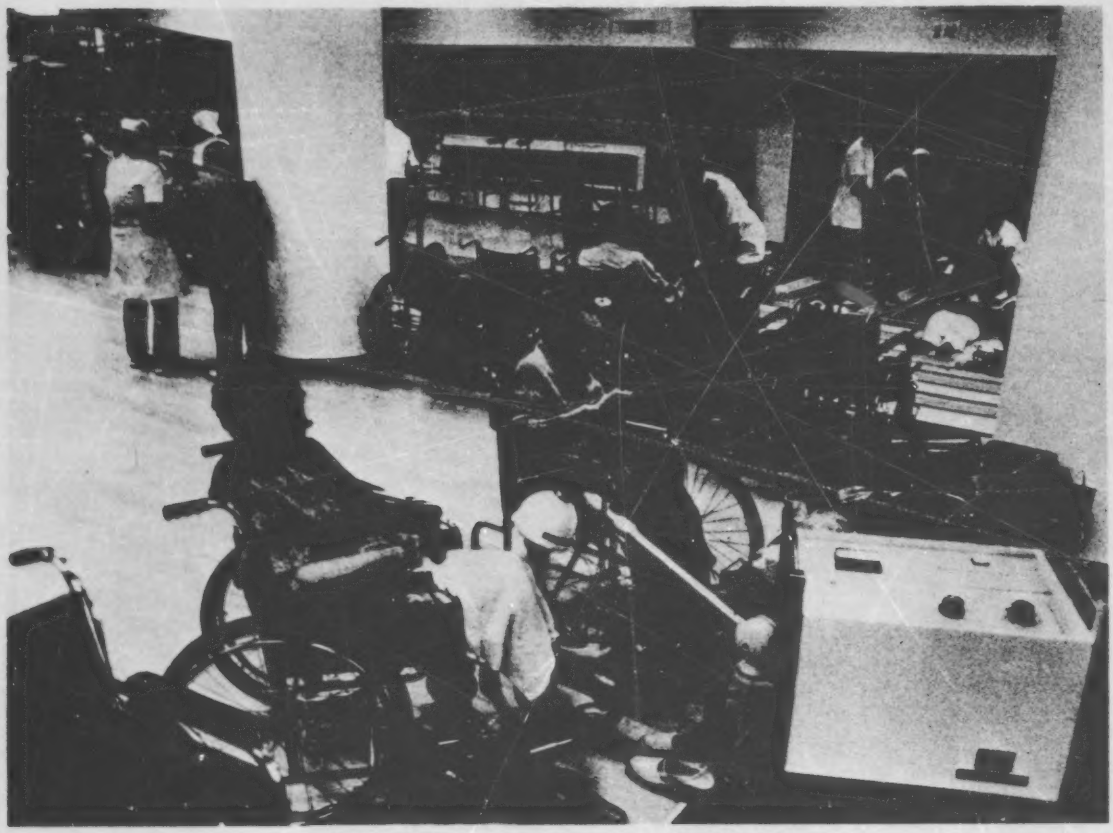
Figure 6 shows an international comparison of three kinds of services, including the number of hospital beds, the number of nursing home beds, and the number of home helpers. The number of hospital beds available in Japan greatly exceeds that available in Sweden, England, and the United States. On the other hand, one can see at a glance that residential care and home helpers are very scarce in this country as compared with the other nations surveyed.

Fig. 6 International Comparison of Hospital Beds, Residential and Nursing Home Beds and Home Helpers Available to the Elderly



Source: Ritsu Niki, and Satoshi Ueda. *Sekai no Rehabilitation*, 1980.

Note: Data reported for 1975 -76.



Maintenance of physical function through physical therapy.

Work activity programs provide the stimulation which makes life more interesting.

Table 8 describes the kind and number of institutions for the aged with capacity and number of residents.

In this, the International Year of Disabled Persons, strong demands are being made that we overcome the backwardness in our rehabilitation system for the elderly handicapped.

Table 8 Institutions for the Elderly by Type

(June 1981)

Type of Institution	Number of Institutions	Capacity	Residents
Non-Profit Residential Institution for the Aged	942	70,844	67,589
Non-Profit Special Nursing Home for the Aged	903	71,481	71,308
Non-Profit Home with Moderate Fee A	150	9,749	9,197
Non-Profit Home with Moderate Fee B*	35	1,656	1,389
Proprietary Institution for the Aged	70	4,851	3,770

Note: * meals not provided

Source: Ministry of Health and Welfare

1. Development in Legislation

Public administrative provision for the advancement of the disabled and the maintenance of their welfare is articulated in the various laws established under the welfare, education and labor divisions of government. Provision for respect of the disabled as individuals, however, is articulated in the Constitution of Japan (1946) on the same basis as that for other citizens.

Article 25 of the Constitution, in speaking of the citizen's right to life and of the government's responsibility toward society, states, "All people shall have the right to maintain a minimum standard of wholesome and cultured living." Article 26 deals with the right to receive education and states, "All people shall have the right to be educated equally according to their abilities." Article 27 refers to labor and states, "All people have the right and duty to work."

Based on these constitutional provisions, there are presently over 20 laws designed to maintain the rights and obligations of the disabled in terms of education, welfare and employment. As becomes clear from referring to Figure 7, all of this legislation has been enacted since World War II.

Before World War II there was no rehabilitation technology worthy of mention, except for that related to prosthetic appliances, nor were there any measures to protect the human rights of disabled people. This was because of an undeveloped philosophy of respect for human rights, and a lack of a sense of equality between sexes, between age groups, and between the disabled and the non-disabled. There existed only the Relief Law, a law which provided financial help to those who were extremely poor as well as being disabled. This law, however, offered no scientific treatment with respect to the disability itself.

The termination of the war brought peace and with it a democratic revolution. First, the Child Welfare Law and School Education Law were established. Then, with the enactment of the Workers' Accident Compensation Law, the need to rehabilitate workers essential for reconstruction of the nation was addressed. Subsequently, welfare legislation for disabled citizens, including disabled ex-servicemen who had lost their protection, was established.

The Law for the Welfare of Physically Handicapped Persons was enacted in 1949. However, not until eleven years later was the Law for the Welfare of Mentally Retarded Persons enacted. The reasons for the delay of the law is related to the fact that mental retardation is not required medical treatment as much as physically handicaps, and further, that the persons concerned with mental retardation have been less politically active as compared with physically disabled persons who are more capable of making their own demands.

By the 1960s, a variety of laws had come into existence and problems not covered under existing law, such as those of the multiple or developmentally disabled, had begun to come to light. Disabled people's groups and political parties alike stressed the necessity for fundamental laws which would bridge the gaps between existing laws, would strengthen coordination between legislation and administration, and would extend services to every disabled person. This led to the establishment in 1970 of the Fundamental Law for Countermeasures concerning Mentally and Physically Handicapped Persons.

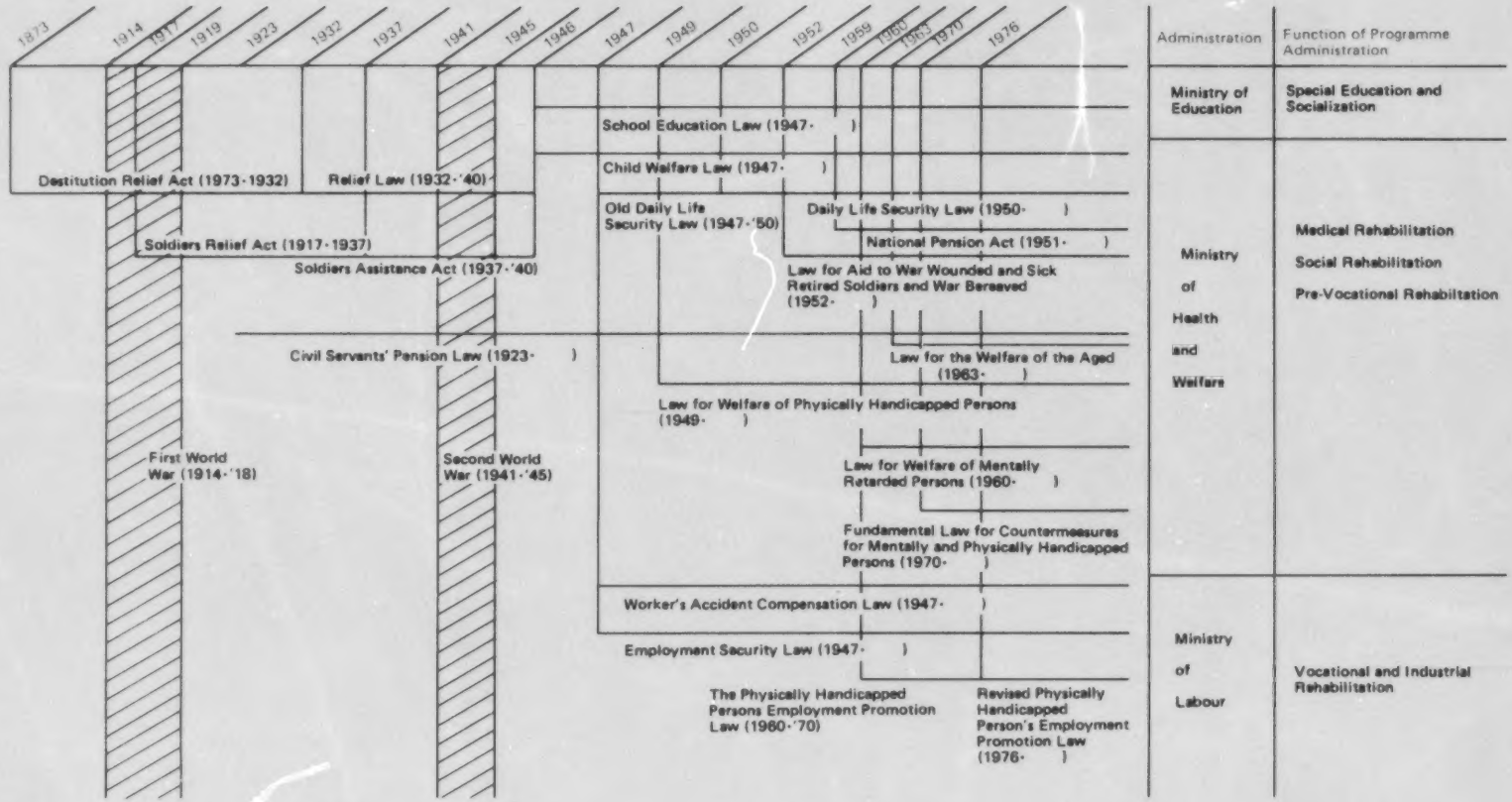
The amendment to the Physically Handicapped Persons' Employment Promotion Law in 1976 provided legally binding requirements strengthening employment provisions for disabled persons, and offered a variety of technical supportive programs. A trend toward including mentally retarded persons in the employment service provisions under the law appeared at this time.

Although the Law for the Welfare of Physically Handicapped Persons has not been amended since 1949, services provided under the law have shown obvious changes, from institution-oriented welfare services in the early period to community-based welfare services provided in the home during the 1970s.

The School Education Law has been the base of a limited education policy for disabled children since 1947. In 1979, however, a government ordinance implemented compulsory education for all disabled children. This provision included the severely physically disabled, mentally retarded, as well as health-impaired children who had been compelled to accept exemption from or postponement of school attendance because of the difficulty in providing education for them.

Legislative actions regarding welfare of the dis-

Fig. 7 Development of Legislation for the Disabled and Administrative Functions



Source: Y. Kojima

abled are listed in Table 9.

Nature and problems of Japanese Legislation

In Japan there exists no single comprehensive rehabilitation act, as may be found in Europe and America. Instead, a number of laws, dealing with specific life crises, surround the disabled person like a folding screen. As the number of intake agencies for systems and services increases, disabled persons and their families, often without mobility of their own or specialized knowledge of social resources, are lost in a jungle of services and overwhelmed by fragmented aid systems to the extent that they may even fail to receive services to which they are entitled.

In the highly bureaucratic society of today, in order to assure the rights of a disabled person, social workers with broad knowledge concerning laws and lawyers working in the field of welfare have to join in partnership with disabled persons. They must assume an advocacy role in order to help the disabled person select the service best fitted to meet a given need. At the same time, government ministries must be sensitive to the voice of disabled persons and seek to familiarize users with legislation applicable to their needs.

In Japan, the task of the Council for Countermeasures for Mentally and Physically Handicapped Persons is to coordinate the activities of eleven ministires serving the disabled, such as the Ministries of Health and Welfare, of Finance, of Transport, of Housing, of Education, and of Labor. The council must improve communication between government ministries and bureaus and, through the implementation of concrete programs, attempt to coordinate activities and fill in gaps existing between administrations. Because the structure of the legislation for the disabled is so fragmented in Japan, the Council's coordinative function is necessary to intgrare existing diverse services.

Table 9. Laws Concerning Welfare for the Disabled

Basic Laws
1) Constitution of Japan (1946)
2) Fundamental Law for Education (1947)
3) Fundamental Law for Countermeasures Concerning Mentally and Physically Handicapped Persons (1970)

Laws for Welfare of Disabled Children
1) Child Welfare Law (1947)
2) Child-Rearing Allowance Law (1961)
3) Maternal and Child Health Law (1965)
4) Law Concerning Special Rearing Allowances for Handicapped Children (1966)

Laws for Special Education
1) School Education Law (1947)
2) Law Concerning Encouragement of Enrollment in Schools for the Blind, Schools for the Deaf, and Schools for the Handicapped (1954)

Laws for Welfare of Disabled Persons
1) Law for the Welfare of Physically Handicapped Persons (1949)
2) Law for the Welfare of Mentally Retarded Persons (1960)
3) Law for Special Aid to Wounded and Sick Retired Soldiers (1963)
4) Mental Health Law (1950)

Laws for Social Security and Pension
1) Daily Life Security Law (1950)
2) Employees' Pension Law (1944)
3) National Pension Law (1959)

Laws for Employment and Work Accident
1) Employment Security Law (1947)
2) Workmen's Accident Compensation Insurance Law (1947)
3) Physically Handicapped Persons' Employment Promotion Law (1960)
4) Employment Countermeasures Act (1966)
5) Vocational Training Law (1969)

Source: Y. Kojima

2. Participation of Disabled Persons in Policy Development

Until the end of World War II, social welfare in Japan had been regarded as a form of charity, ultimately attributable to the imperial family or to important statesmen acting in their behalf. Even today, some welfare-service recipients regard the acceptance of social services as shameful, and so not consider it a right. Indeed, disabled persons were barely conscious of, and rarely participated in, welfare policy-making and its practice until community movements by disabled persons themselves became widespread in the 1960s.

Beginning in the 1980s, with the influence of the International Year of Disabled Persons, such activities as advocacy in the Deit on behalf of concerns of the disabled, participation in national and local advisory councils on administrative policy-making by the disabled themselves, and demands for action in policy improvement have become of increasing importance. These movements in Japan are doubtless much less active as compared with those in Europe and America. This is because activities such as dialogues with citizens, administrative hearings, and the demand of policy changes are much more easily implemented in a country with a long history of democracy.

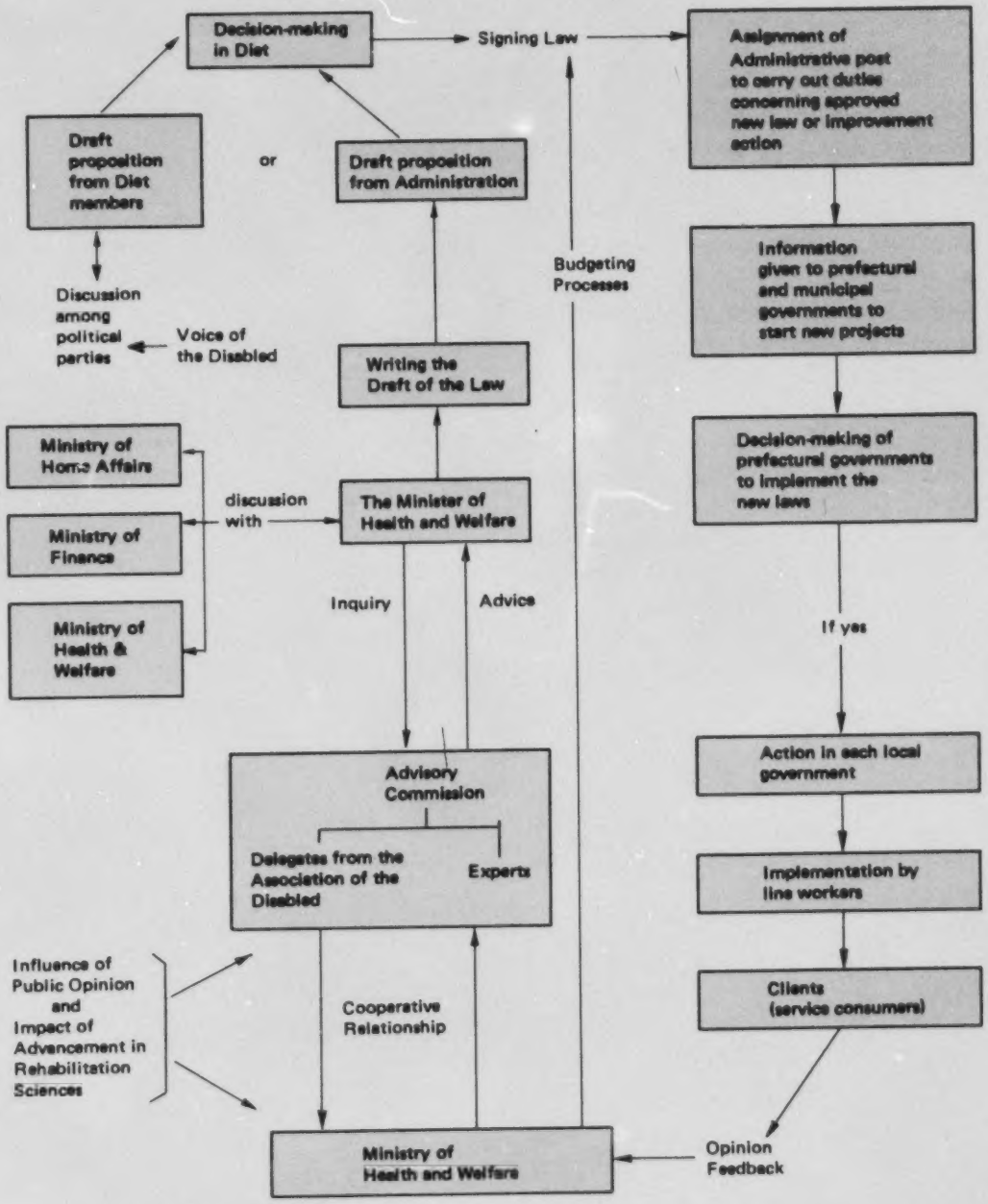
Patterns of citizen participation in Japan include direct appeals for improvement of policy by disabled persons and citizens, appeals to public opinion, use of the mass media, direct appeals to elected government officials to effect legislative changes, improved use of feedback on volunteer action research, and the use of administrative hearings. The establishment of advisory councils to which representatives from the disabled themselves, from labor unions, and from experts and researchers are selected by government bodies is seen as an emerging pattern of citizen participation. Although the ombudsman system does not exist in Japan, there are monitoring systems to receive public criticism and opinion in some local governments.

The following chart (Fig. 8) follows the process of policy change and improvement most commonly observed at the national level. The process illustrates the two patterns mentioned above, that is, pressure directed to elected government representatives and the use of administrative hearings.

In the past twenty years there has been a marked tendency to seek the opinion of citizens, both disabled and non-disabled, in order to reverse the harmful influence of previous administrative policy made without the participation of disabled people. A new willingness to change systems and environment, making them more compatible for both the disabled and non-disabled, is part of this trend as experts, researchers, politicians, union leaders, advocates, and monitors from among disabled persons themselves are beginning to have an impact on administrative policy. All of these individuals maintain great interest in national, prefectural, and municipal programs, and actively participate in the production of welfare systems for the disabled by presenting constructive opinions and suggestions.

The national policy-making advisory council includes representatives from groups of the disabled.

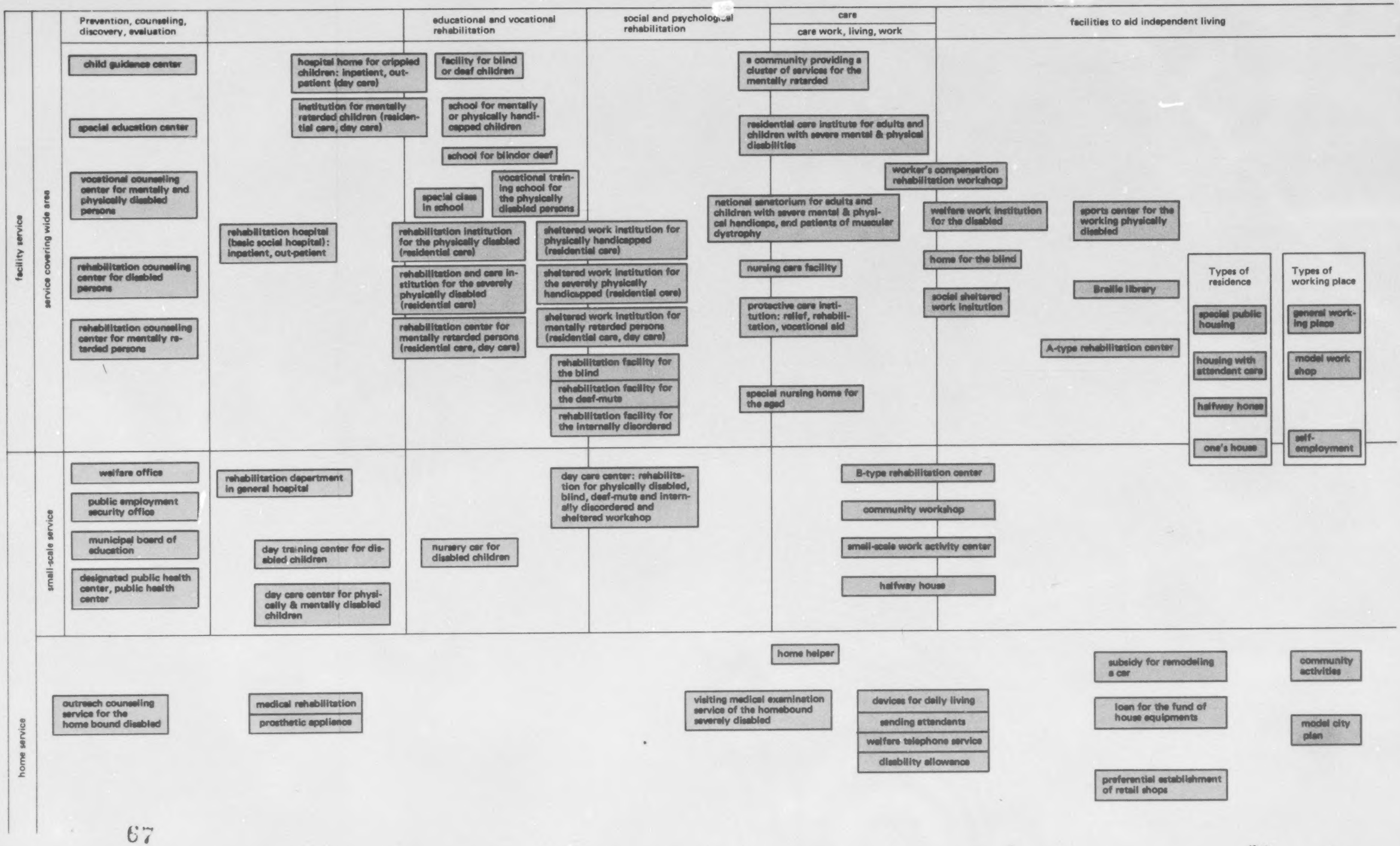
Fig. 8. The Process of Policy Change (National Level)


Decision-making in Diet
Signing Law
Assignment of Administrative post to carry out duties concerning approved new law or improvement action
Draft proposition from Diet members
or
Draft proposition from Administration
Budgeting Processes
Information given to prefectural and municipal governments to start new projects
Discussion among political parties
Voice of the Disabled
Writing the Draft of the Law
Decision-making of prefectural governments to implement the new laws
Ministry of Home Affairs
Ministry of Finance
Ministry of Health & Welfare
discussion with
The Minister of Health and Welfare
Inquiry
Advice
If yes
Action in each local government
Advisory Commission
Delegates from the Association of the Disabled
Experts
Implementation by line workers
Influence of Public Opinion and Impact of Advancement in Rehabilitation Sciences
Cooperative Relationship
Clients (service consumers)
Ministry of Health and Welfare
Opinion Feedback

66

Source: Y. Kojima

Fig. 9. The System and Facilities of Rehabilitation


facility service
service covering wide area
Prevention, counseling, discovery, evaluation
educational and vocational rehabilitation
social and psychological rehabilitation
care
care work, living, work
facilities to aid independent living
child guidance center
special education center
vocational counseling center for mentally and physically disabled persons
rehabilitation counseling center for disabled persons
rehabilitation counseling center for mentally retarded persons
hospital home for crippled children: inpatient, out-patient (day care)
institution for mentally retarded children (residential care, day care)
facility for blind or deaf children
school for mentally or physically handicapped children
school for blind or deaf
special class in school
vocational training school for the physically disabled persons
rehabilitation hospital (basic social hospital): inpatient, out-patient
rehabilitation institution for the physically disabled (residential care)
rehabilitation and care institution for the severely physically disabled (residential care)
rehabilitation center for mentally retarded persons (residential care, day care)
sheltered work institution for physically handicapped (residential care)
sheltered work institution for the severely physically handicapped (residential care)
sheltered work institution for mentally retarded persons (residential care, day care)
rehabilitation facility for the blind
rehabilitation facility for the deaf-mute
rehabilitation facility for the internally disordered
a community providing a cluster of services for the mentally retarded
residential care institute for adults and children with severe mental & physical disabilities
national sanatorium for adults and children with severe mental & physical handicaps, and patients of muscular dystrophy
nursing care facility
protective care institution: relief, rehabilitation, vocational aid
special nursing home for the aged
worker's compensation rehabilitation workshop
welfare work institution for the disabled
home for the blind
social sheltered work institution
sports center for the working physically disabled
Braille library
A-type rehabilitation center
Types of residence
special public housing
housing with attendant care
halfway home
one's house
Types of working place
general working place
model work shop
self-employment
small-scale service
welfare office
public employment security office
municipal board of education
designated public health center, public health center
rehabilitation department in general hospital
day training center for disabled children
day care center for physically & mentally disabled children
nursery car for disabled children
day care center: rehabilitation for physically disabled, blind, deaf-mute and internally disordered and sheltered workshop
B-type rehabilitation center
community workshop
small-scale work activity center
halfway house
home service
outreach counseling service for the home bound disabled
medical rehabilitation
prosthetic appliance
home helper
visiting medical examination service of the homebound severely disabled
devices for daily living
sending attendants
welfare telephone service
disability allowance
subsidy for remodeling a car
loan for the fund of house equipments
preferential establishment of retail shops
community activities
model city plan

3. Role of Governmental and Nongovernmental Organizations

Government is organized in Japan at three levels, at the national level, at the 57 prefectural levels (including the ten largest cities with equal status as prefectures) and in approximately 3,300 cities, towns and villages, each with an organization functioning at its appropriate level. Welfare services called for by the Law for the Welfare of the Physically Handicapped and the Law for the Welfare of the Mentally Retarded are provided through each of these governmental organizations. The responsibility of the national government and the local governments are clearly prescribed in all laws. For instance, Article 3 of the Law for the Welfare of the Physically Handicapped provides that the national government and the local public bodies must carry out necessary measures in order to give rehabilitation assistance to disabled persons. The national government bears the final administrative responsibility for the rehabilitation of the disabled, including the establishment of such basic social resources as the National Center for the Handicapped, and discharges its legal duty by entrusting the provision of services for disabled people to the governors and mayors in local areas.

Most of the local government cost of the rehabilitation services described in some detail in Part II, including the admittance of the disabled into rehabilitation facilities or sheltered work institutions, the supply of prosthetic appliances, and the like, are paid from national government subsidies. For facility construction, half of the cost is subsidized by national government funding. For other kinds of service, 80% of the cost is borne by the national government while 20% comes from local sources.

National Organizations

Ministries and agencies that bear the cost of services for the disabled are shown in Table 10. Rehabilitation services, however, are principally the responsibility of the Ministry of Health and Welfare, the Ministry of Labor, and the Ministry of Education, with some implementation through two comparable level agencies, the Ministry of Construction, and the Ministry of Transport. In order to coordinate the policies of these five ministries, a Central Council to Plan Countermeasures for Mentally and Physically Disabled Persons has been organized within the Prime Minister's Office. This agency includes within its membership representatives of the Ministry of Finance, as well as experienced scholars and experts from outside government circles. In May, 1980, in anticipation of the International Year of Disabled Persons, this organization assumed the additional role as Special National Committee for IYDP and added to its membership fifteen representatives from disabled persons groups as well as representatives from business organizations, the mass media, and labor groups as well as from nongovernmental organizations that provide rehabilitation services. This committee has in total sixty members.

At the inter-ministry level, this committee holds both general meetings as well as subcommittee meetings. Meanwhile, other public administrative agencies relating to the disabled hold day to day coordinating and policy-planning sessions under the leadership of the Ministry of Health and Welfare. Although such broad representation within a government agency raises the possibility of a lack of uniformity or consistency in policies, the formation of this council has contributed greatly to the promotion, refinement, and coordination of policies since its establishment in 1970. To give an example, the budget of the rehabilitation section of the Ministry of Health and Welfare in 1980 was 21 times greater than that of 1970. This is a surprising increase compared with about an eightfold increase in the national budget, and a 2.5 increase in the consumer price index.

Home helpers provid services of local governments to the homebound elderly.

Table 10. Welfare Measures for the Disabled by Central Government Agency with Jurisdiction

Agency with Jurisdiction	Sphere of Responsibility	Activities
Prime Minister's Office	general coordination	The National Council for Policy Coordination for the Disabled
Ministry of Finance	national tax exemptions	reduction of or exemption from of national taxes — income tax, commodity at tax, corporate tax, and customs duty
Ministry of Education	special education	schools for the blind, the deaf-mute, and mentally and physically handicapped children
Ministry of Health and Welfare	social security, personal services and medicine	welfare protection measures for the disabled, pension and special allowance system, medical care
Ministry of International Trade and Industry	rehabilitation appliances	development of various kinds of appliances for handicapped persons
Ministry of Transport	fares and facilities	reduction of fares in public transportation and improvement of facilities
Ministry of Posts and Telecommunication	postal charges	reduction of or exemption from T.V. broadcasting fees, free delivery of Braille letters
Ministry of Labor	employment policy and labor accidents compensation	promotion of employment of the disabled, school for vocational training, worker's compensation insurance
Ministry of Construction	public housing & facilities	supply of public housing for the disabled, improvement of public buildings and roads, etc.
Ministry of Home Affairs	consideration in local tax system	reduction of or exemption from local tax — residents tax, enterprise tax, auto tax, car acquisition tax
National Police Agency	traffic safety	consideration of road traffic safety — installation of traffic signals for the blind, etc.

Local Organizations

The implementation of rehabilitation services for the physically disabled and mentally retarded provided by the national government is commissioned to rehabilitation counseling centers and welfare offices established by prefectural and municipal governments. Rehabilitation counseling centers, with the help of a professional medical staff, provide counseling, evaluation of kind and degree of disability and prescription for prosthetic applicances. In accordance with the assessment of the counseling center, the welfare office issues a Handicapped Person's Handbook to disabled persons and a Medical Handbook to mentally retarded persons, giving a medical diagnosis and certifying the degree of impairment. This handbook constitutes certification that the person is eligible for rehabilitation services. Appropriate services are then provided according to that individual's needs.

There are 63 rehabilitation counseling centers for disabled persons, 55 for the mentally retarded, 38 mental health centers, and 162 child guidance centers scattered throughout the country. There are about 1,160 welfare offices through which rehabilitation services are provided to the disabled and to the mentally retarded. Welfare offices are responsible for all kinds of welfare services, handling, in addition to the disabled, people with low income and the aged as well as others who are covered by the so-called six basic welfare laws. Between forty and fifty thousand local government civil servants work at these 1,160 welfare offices situated in almost every locality and providing welfare services to local residents.

Each municipality has at least one, sometimes more, welfare offices. People in towns and villages where none exist can go to welfare offices established under prefectural authority. Every town and village authority is expected to work in legal cooperation with the prefectural office to which it belongs. This results in an efficient administrative system. This system and its facilities for rehabilitation services are shown in Fig. 9.

Nongovernmental Organizations (NGO)

In Japan, NGOs function effectively in the rehabilitation of the disabled under a special system established by the government. This system covers all areas of welfare. The Social Welfare Services Law provides for a corporative status called social welfare juridical person. This status enables certain NGOs engaged in social welfare work to be authorized by the Ministry of Health and Welfare to provide services commissioned to them under the legal jurisdiction of prefectures and municipalities. At the same time, some preferential tax treatment is granted to social welfare juridical persons, namely, exemption from tax on income related to their activity, and a tax privilege with regard to the receipt of donations. There are 9,471 social welfare juridical persons throughout the country, the greatest number of which function as day nurseries. There are some under commission by local governments which serve as rehabilitation centers or sheltered work institutions, offering training and employment opportunities to disabled persons, or as Braille libraries. A number of such social welfare juridical persons are actually managed by disabled persons, or by organizations composed of the disabled. In some cases these managing individuals or groups have a religious background.

Not all the organizations for the disabled are social welfare juridical persons. Whether incorporated or not, various kinds of groups are organized by disabled persons, exercising the "freedom of association" guaranteed under the Constitution. Their purpose in organizing may be to make an appeal to the government for an improvement of policy, to seek cooperation and understanding from society, or to promote friendship and exchange of useful information among disabled people themselves. The National Council of Social Welfare estimates the number of large-scale organizations of this kind at 150 throughout the country. Almost all large organizations of this kind are members of the Japan Council for International Year of Disabled Persons, and play an active role in follow-up activities of the IYDP and relate themselves to its aims.

4. Voluntary Activity and Its Social Development

Volunteer activity concerned with the welfare of children and adults with mental and physical disabilities started in the late 1950s. In the area around Tokyo, some student volunteers participated in a summer camp as leaders for physically disabled children in 1957. Wishing to continue being good brothers and sisters to disabled children, these students organized what they called the "Espero Club" the following January. Meanwhile, a letter to a newspaper written by a housewife influenced some women to organize a Tokyo based volunteer group called the "Yokoito Group" in 1959. For nearly 20 years, these groups have contributed greatly to meeting the needs of the disabled.

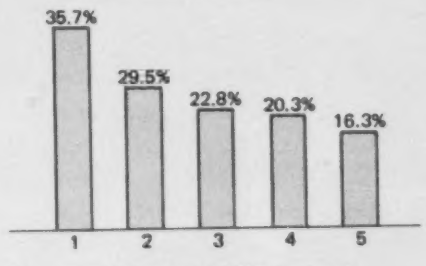
The members of the Espero Club have developed unique activities in order to make the public aware of problems of the disabled. In one such activity, they visited disabled children, both in institutions and in their own homes, conducting a survey on the conditions of the disabled. With the cooperation of the Association of the Homebound Disabled, they have exhibited the results of this program in the form of advertisements on trains.

At the time when the Yokoito Group was formed, attention was being focused exclusively on the institutionalized disabled. The Yokoito Group has carried out various activities concentrated on severely handicapped children who for one reason or another were not institutionalized and as a result were confined to their homes. The group's activities include home visits, group nursing, training camps for parents and children, and the design of a special training chair for the disabled, including a program to make the chair available on loan to the disabled. Their pioneering activity, especially in the area of group nursing and training camps, resulted later in continued implementation of similar projects by local government organizations.

Since the 1970s, the emphasis in general has shifted from the problems of the disabled in institutions to the problems of the disabled individual at home. With the emergence of this community-oriented trend, volunteer activities conducted in communities have come to be regarded as important and indispensable in the welfare of the disabled.

The results of a survey of the needs towards volunteer services expressed by disabled children and adults are shown in Fig. 10. The need for better self-realization ranks as the highest felt need, followed by the need for more involvement in the community. In other words, the respondents are expressing a need not only for help in achieving minimum levels of functioning, but for assistance in bettering their total quality of life.

Fig. 10 Expectations of the Disabled towards the Volunteers



1 — personal growth and development
2 — community activities
3 — mobility
4 — enrichment of family life
5 — physical training

Source: "A survey on the promotion of Volunteer Activities for Physically Disabled Children of Japan," Japanese Society for Crippled Chindren, June 1978

In recent years, community activities by volunteers which contribute to the expansion of the life and cultural sphere of the disabled have varied, both in content and in terms of the kind of participant. The "Association of Friends of the Disabled," for example, an organization which recently disbanded as a step toward reorganization, developed practical activities leading to public awareness. The group accomplished this by providing recreation sessions for the disabled and through such publications as the educational pamphlet entitled "Better Understanding of the Disabled." They also developed the co-called "Unique Dance," a technique which has spread throughout Japan. This dance enables people in wheelchairs, as well as other disabled people, to enjoy social or ballroom dancing with non-disabled people.

Sign language translation, reading and recording are all volunteer services in great demand by people with visual and auditory impairments, serving as supplementary means of communication in the daily lives of these people. A volunteer training organization, the Regional Council of Social Welfare, has been engaged in an educational training program to meet the demand for this kind of service.

The "Fukinoto Library" has helped to open special library services in hospitals and institutions. The activities of this organization has drawn wide attention all around the country. As one of its activities, the library has invented a picture book made of cloth for use by blind and mentally retarded children who cannot use ordinary books found on the market.

Every human being has a natural desire for creation and self-expression. So-called "Wataboshi Concerts" have helped to satisfy such desires in disabled children. This movement began several years ago, having been started by young people who love folk music. They began to hold concerts all over Japan in an attempt to further public understanding of what disabled children realiy had to say. At the concerts they played music especially composed to words written by disabled children themselves. Disabled persons were then invited to join the musicians on the stage during the performances. This impressive experience helped the disabled people to acquire courage and self-confidence and, at the same time, helped them to communicate with the audience concerning their hopes and abilities.

Some stage and TV entertainers have recently learned how to communicate by the use of sign language. They have also composed songs, and even comical skits performed in sign language. These activities have helped to open the door to the world of entertainment for people with visual and auditory impairment.

Much of the everyday support of disabled children and adults in the community is done through inconspicuous, ordinary service performed by volunteers. Volunteer cooperation plays a key role in such activities as the operation of self-training sessions for parents and their disabled children, work at small scale workshops managed by self-help groups, and in informal gatherings of the disabled. Most volunteer activities have been focused on encouraging and helping in the building of better communities where the disabled can live more harmoniously. Both disabled children and their parents have particularly requested efforts for greater community understanding and cooperation, and have demanded that appropriate policies promoting these attitudes be implemented by government.

Efforts are underway to help expand the range of activities and locations accessible to the disabled throughout the country. Development of methods for surveying city layouts, followed by publication of guidebooks and maps for the blind and wheelchair users are recognized as two of the most successful of such activities.

Home helpers related to organized systems are limited in number as are funds for obtaining their services, and the kinds of tasks they can be expected to do. This results in many cases where the disabled individual's needs are not satisfactorily met. This, in turn, has created a great demand for volunteers who can deal with individual cases with more flexibility. Certain local governments have given grants to organizations and private cooperatives to promote a better volunteer system whereby the number may be increased. Such efforts, however, have not always been successful in the cultivation and organization of volunteers.

Previously, most volunteers were either students or housewives. Recently the participation of young workers has been notable. They are called "worker-volunteers." Some labor unions have also been involved with volunteer activities in organizations for disabled children and adults. Very active participation by the disabled themselves is a new phenomenon. A recent survey reports that 37% of the respondents are disabled themselves. Surveying their immediate environment and producing guide maps are the main activities pursued by the disabled as concerned citizens. Volunteer activity seeks to emphasize the viewpoint that it is possible for anyone to become disabled at some time in his or her lifetime. By participating in these activities, volunteers are not just helping others, they are actually learning "how to live together" in a way that is helpful to all involved.

Development of Social Awareness

There have been various activities designed to increase social awareness concerning the disabled. On the governmental level, "The Month of the Physically and Mentally Disabled" was arranged as a means of drawing public attention to and of promoting an understanding of the problems faced by the disabled. Unfortunately, this event lacks the continuity with the total movement originally envisioned and has become little more than a festive occasion.

The mass media play a very important role in shaping public awareness. Reports on problems re-

lated to the disabled as well as educational campaigns and programs concerning the disabled are important in drawing public attention to these matters. However, there is danger of manipulation of the general public by presenting news stories and articles in an inaccurate and negative manner. For example, some reports on crime committed by the retarded have delayed the implementation of projects for mentally retarded people.

The production and showing of documentary movies by private organizations and by physically disabled people themselves have been very popular recently. The problem remains, however, as to how to reach the wider public beyond those already interested in problems of the disabled.

Heretofore, recognition by the general public of the problems of disabled children and adults has existed, if at all, only on the level of sympathy. The most important issue now in the development of public awareness is how to help the public recognize these problems as their own, and how to get them to realize the importance of living together with disabled people through personal experiences in various activities.

5. Professional Training

The major function of rehabilitation services is to develop a disabled person's latent abilities and to encourage social integration. Quite evidently, the most important factors influencing this function are the quality of care provided by a highly skilled professional staff and the ability to motivate disabled clients toward social integration.

Major Agencies and Professional Staffs

The following table shows the positioning of professional staff in major agencies as a means to cope with the various needs of disabled persons living either in their own homes or in institutions. According to this table, there are 46 types of institutions with staffs representing 30 professions.

The roles and functions of the professional staffs in Table 11 are defined according to the place of work, the problems encountered there, the professionals' qualifications, and the individual's problem-solving process.

Medical and Health Care Services

The status of doctors carrying out the major portion of the medical and health care services was firmly established prior to that of any other profession. The current demand in the field of rehabilitation is for the education of medical rehabilitation doctors. In Japan at present there are only four universities offering rehabilitation medicine courses, and the expansion of this specialist-training program has long been awaited.

To a professor with expertise a disability is no disadvantage in stimulating this international group of social workers.

Table 11. Major Agencies and Their Professional Staff

Type of Agency	Total Number of Agencies	Professional Staff Excluding Office Workers and Clerks
A. Community counseling and Referral Institutions	2,176	
1. welfare offices	1,162	1. social welfare officers welfare officers for physically handicapped welfare officers for mentally retarded
2. rehabilitation counseling centers for the physically disabled	63	2. doctors PTs CTs STs psychological evaluators case workers nurses prosthetists vocational aptitude evaluators orthotists temporary care staff
3. rehabilitation counseling centers for the mentally retarded	55	
4. mental health centers	38	3. doctors case workers clinical psychologists
5. public health offices	858	4. doctors public health nurses case workers nutritionists
6. child guidance centers		5. child welfare officers psychological evaluators case workers doctors
B. Rehabilitation Institutions for the Physically Disabled	484	
1. rehabilitation institutes for the physically disabled	52	6. superintendents daily life guidance officers vocational guidance officers PTs OTs psychological evaluators nurses public health nurses house mothers nutritionists
2. rehabilitation facilities for the blind	13	
3. rehabilitation institutions for the deaf and mute	4	
4. rehabilitation institutions for the internally handicapped	22	
5. nursing care homes for the physically handicapped	89	
6. rehabilitation institutions for the severely physically handicapped	37	
7. sheltered work institutions for the physically disabled	75	
8. sheltered work institutions for the severely physically disabled	63	
9. welfare workshops for the physically disabled (operated on a commercial basis)	18	
10. facilities for manufacturing prosthetic appliances	31	
11. Braille libraries	70	
12. facilities for Braille publication	10	
13. homes for the blind	33	
14. welfare centers for the physically disabled	32	
C. Residential Care Facilities for Mentally Retarded Persons	635	
1. rehabilitation centers for mentally retarded persons (boarding)	428	7. superintendents guidance officers for vocation and activity work daily life guidance officers house mothers
2. rehabilitation centers for mentally retarded persons (day care)	32	

Type of Agency	Total Number of Agencies	Professional Staff Excluding Office Workers and Clerks
3. sheltered work institutions for mentally retarded persons (boarding)	89	7. doctors public health nurses nurses nutitionists therapists OTs PTs
4. sheltered work institutions for mentally retarded persons (day care)	86	
5. boarding houses	60	
D. Welfare Facilities for Disabled Children	863	
1. institutions for mentally retarded children	351	8. superintendents vocational guidance officers daily life guidance officers house mothers doctors public health nurses nurses nutritionists PTs OTs
2. day care centers for mentally retarded children	214	
3. facilities for blind children	29	
4. institutions for deaf-mute children	29	
5. day care centers for auditorily disabled children	11	
6. homes for physically weak children	32	
7. hospital homes for crippled children	77	
8. day care centers for physically disabled children	55	
9. nursing care homes for physically disabled children	6	
10. facilities for severely mentally retarded children	48	
11. short-term treatment institutions for emotionally disturbed children	11	
E. Educational Facilities for Disabled Children		
1. schools for the blind	73	9. teachers for the blind teachers for the deaf teachers for the physically handicapped and teachers for the mentally retarded teachers for emotionally disturbed children teachers for the speech disordered children
2. schools for the deaf	110	
3. schools for physically and mentally disabled children	(677)	
a. for mentally retarded children	414	
b. for physically disabled children	168	
c. for weak children	95	
4. special class facilities (7 types)	21,060	
F. Vocational Facilities for the Disabled		
1. public employment security offices		10. labor commissioners (in charge of employment of the disabled)
2. vocational guidance centers for physically and mentally disabled		11. vocational counselors
3. vocational training schools	17	12. vocational skill instructors vocational training officers
4. The National Vocational Rehabilitation Center	1	13. directors vocational aptitude evaluators vocational training officers doctors daily life guidance officers
5. The Vocational Center for Spiral Cord Injured Persons	1	
6. work compensation rehabilitation workshops		
7. enterprises with more than 5 disabled employees		14. vocational consultants for the physically handicapped

Source: Survey by Y. Kojima

The status of physical therapists and occupational therapists was established by the Physical Therapist and Occupational Therapist Law of 1965. There are 22 PT training schools and 13 OT training schools. Students in these schools are enrolled after graduation from high school. Since the period of training is three years, the educational level does not quite meet that of a four-year university course leading to a bachelor's degree.

Hearing or speech rehabilitation specialist training courses are offered at the National Rehabilitation Center for the Physically Handicapped to four-year university graduates who are planning to become speech therapists. Several teacher training schools also offer one-year courses to train teachers for special classes in speech therapy and teachers for the hard of hearing. Speech training classes are available within special education schools and at ordinary elementary and junior high schools some times. Their status as professionals however, is not yet firmly established.

There are also orthotists, prosthetists, and other technicians in the medical field. They all draw on personal work experience for training as there is not yet a formal educational system nor a system to certify qualification.

Physical therapy students at work as seen through the shadow of their classroom skeleton.

Psychological Services

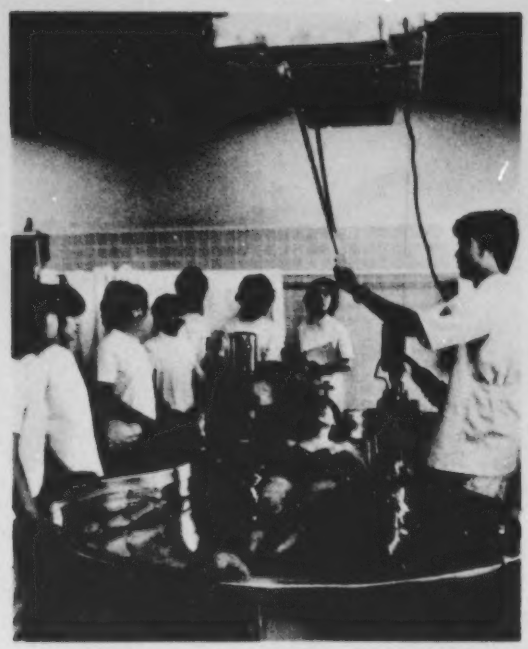
Psychological evaluators and vocational evaluators are placed in rehabilitation counseling centers for physically handicapped and mentally retarded persons. Their evaluations are necessary for the issue of the Disabled Person's Handbook, and they make the necessary judgement on the referral of such persons for institutional care.

Clinical psychologists are placed in welfare institutions for disabled children and are in charge of psychological development guidance and adjustment guidance as well as being charge of programs related to the mother's mental health and improvement of mother-child relationships. Such psychologists must be graduates of four-years universities, or graduate schools, and have studied psychology and psychometry. The status of clinical psychologists, working in both public and private institutions as professionals is, however, not yet established.

Social Welfare Services

Welfare officers for the physically handicapped and mentally retarded, as stipulated by the Law for the Welfare of Physically Handicapped Persons and the Law for the Welfare of Mentally Retarded Persons, consult with the disabled living in the community and issue the Disabled Person's Handbook so that recipients may become eligible for various aids and grants. They work at welfare offices authorized to make referrals for appropriate institutional care as necessary. Such welfare officers are appointed from among persons who have graduated from four-year universities where they have taken courses related to social welfare or are persons who qualify as social welfare officers after training and have been in the field of service for the disabled for more than two years.

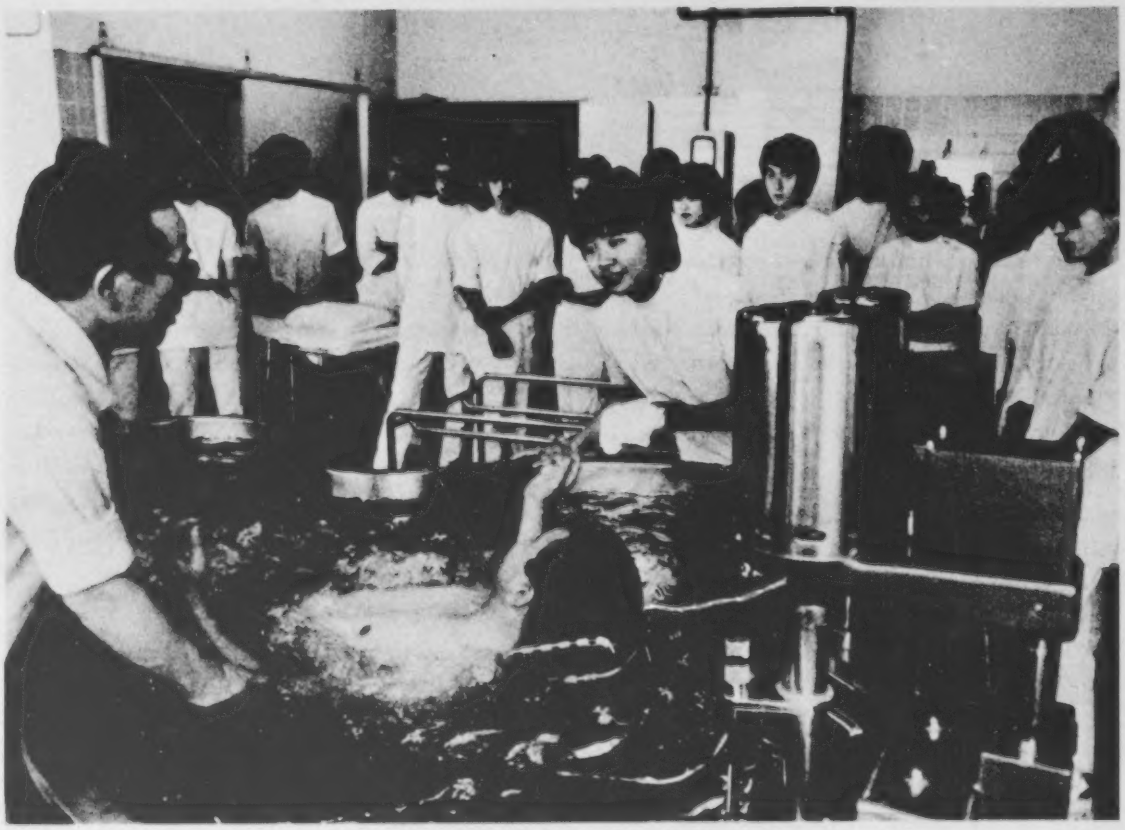
Professional staff at the institutional level include superintendents assigned as administrators, and daily life guidance officers, who are there to help resident children and adults improve the quality of their daily life as well as to function in a caseworker capacity. There are vocational guidance officers and work activity guidance officers in institutions that offer work as a part of daily activity. Child care workers and house mothers are stationed in institutions that provide residential service. Not only the daily life guid-



PT students themselves experiment with the effects of hydrotherapy.

ance officers, who are in charge of case work services, but also most of the other professional staff related to institutions are eager to undergo training leading to appointment as certified social welfare officers. Training courses are offered by the social welfare departments of 45 four-year universities and by junior colleges which are affiliated with the Japanese Association of Schools of Social Work. Welfare workers for the physically disabled and mentally retarded, and other staff of institutions already employed but not having specified training, may become certified social welfare officers by successfully completing an accredited three-month in-service training program or by achieving a specified grade level in a one-year correspondence course.

Child care workers, who look after disabled children accommodated in various institutions, are appointed from among persons who have finished nursery teacher training courses at junior colleges, or who have studied specified subjects at four-year universities, and have successfully passed prefectural nursery teacher examinations.



Later, they work with an actual patient.

Individual attention within the group for children with limited functioning.

The history of university-level social work education spans a sixty year period. A system for prepaing qualified personnel has been established, however, the system has no status-defining role. The task remaining, then, is to establish a professions statas of social workers based on a legislation in futurs.

Educational Services

The professionals who are in charge of special education for disabled children are called special education teachers. The basic requirement for this profession is the regular first-class or second-class teacher certificate for kindergartens, elementary schools, or junior and senior high schools awarded by four-year universities. There are no particular requirements for teachers in charge of special classes set up within ordinary schools. Regular teacher certification and ample experience would determine qualification. Anyone wishing to teach in schools for the blind, schools for the deaf, and schools for the physically disabled and mentally retarded, however, must obtain extra credits in specialized subjects related to special education. Twenty extra credits beyond that for a regular teaching certificate are required in the case of a first-class certificate, and ten extra credits for a second-class certificate. Several national universities provide special one-year courses to train special education teachers for disabled children.

Vocational Services

Placement of professional staff relating to the disabled in the vocational field is being promoted in accordance with the rapidly expanding measures for employment of the disabled. The local public employment security office is the center for employment consultation for the disabled. Vocational guidance commissioners, senior vocational guidance

Individual initiative is stimulated by the guidance worker and by the presence of peers.

commissioners, and vocational guidance commissioners stationed at the office work as a team for consultation with the disabled, the aged, and juvenile laborers. Those who pass the examination for employment as civil servants, and are specially trained, are appointed as commissioners. A three to six-month training program is offered by the Labor Administration Personnel Training University of the Ministry of Labor while a two-week training program is offered at prefectural personal-training institutes.

The position of vocational counselor at vocational centers for the physically and mentally disabled does not require any special qualifications at the time of employment by the Employment Promotion Projects Corporation. These counselors do, however, have to attend a two-month training course offered at the Tokyo Prefectural Vocational Center for the Disabled after employment.

Vocational guidance officers placed in various vocational training centers and in the National Vocational Rehabilitation Center are in charge of training programs in the fields of chemicals, electric appliances, office work, dressmaking, needlework, etc. Those who have graduated from four-year vocational training universities established by the Ministry of Labor, or those who have acquired skills on their own, may become vocational guidance officers by attending accredited qualification courses.

The Employment Promotion Law for the Physically Handicapped requires enterprises with more than five disabled employees to station daily life guidance officers at the work site. They may be appointed by the directors of such enterprises from among the persons who have completed qualification courses stipulated by the related Ministry of Labor ordinance.

Summary Comments

As shown in Table 12, there are various types of qualification to become a specialist or a professional staff member, depending on the nature of the work required. Some qualifications require only the completion of two-week training courses. Others require the completion of correspondence courses. Still others require attendance over a period of time at special training schools, junior colleges, or four-year universities. Only about 10% of some 40 types of professional specialists have their status firmly established in this way. Therefore, specialist taining is a pressing concern and the most important task related to expanding rehabilitation services in Japan.

Table 12. Qualification of Professional Staff

Professional Staff in Major Field of Services \ Types of Educational Programs	a. University—Graduate schools	b. University—undergraduate: Special studies	c. University—undergraduate: Department	d. Junior college	e. Technical schools	f. High schools	g. National training centers	h. Training courses of public and voluntary agencies	i. Short-term training classes sponsored by the government	j. Training classes for supervisors sponsored by the government	k. Vocational training schools	l. National qualification examinations	m. Prefectural qualification examinations
												accredit exams.	
A. Medical and Health Care Services													
Doctors	○		○									○	
Public Health Nurses	○		○									○	
Nurses			○	○	○							○	○
Physical Therapists				○	○					○		○	
Occupational Therapists				○	○					○		○	
Speech Therapists			○				○	○					
Audiologists			○					○					
Orthotists								○					
Prosthetists								○			○		
Nutritionists			○	○								○	
B. Psychological Services													
Clinical Psychologists, Psychological Evaluators	○		○										
Vocational Aptitude Evaluators			○										
Counselors			○										
C. Social Welfare Services													
Social Welfare Secretaries	○	○	○	○	○			○		○			
Case Workers	○		○	○	○			○					
Welfare Officers for the Physically Handicapped			○					○					
Welfare Officers for the Mentally Retarded			○					○					
Child Welfare Officers			○					○					
Administrators of Social Welfare Institutions			○					○		○			
Daily Life Guidance Officers			○	○	○			○					
Child Guidance Workers			○	○	○		○	○					
Child Care Workers			○	○	○		○						○
House Mothers			○	○	○								
D. Educational Services													
Teachers of schools for the blind	○	○	○										
Teachers of schools for the deaf	○	○	○										
Teachers of schools for mentally disabled children	○	○	○										
Teachers of schools for physically disabled children	○	○	○										
Teachers of schools for weakly constituted children	○	○	○										
Teachers for emotionally disturbed children	○	○	○										
Teachers for speech-disordered children	○	○	○										
E. Vocational Services													
Labor Commissioners (for employment of the disabled)			○						○				
Vocational Counselors			○					○					
Vocational Guidance Workers			○	○		○							
Vocational Aptitude Evaluators			○					○					
Vocational Skill Instructors			○				○		○				

Source: Y. Kojima

Future tasks related to expanding the field of specialist training include the following:

1. To clarify the definition of each professional specialist and to reach a national consensus as to the necessity of placing such a specialist in the field of welfare services for the disabled.
2. To plan a comprehensive national rehabilitation specialist training program in order to meet the quantitative and qualitative needs for professional staff not only in the medical field but also in all related fields.
3. To plan training programs for specialists in each related field as part of the comprehensive program, and define clearly qualification requirements so as to provide, in so far as is possible, training within the framework of formal education.
4. To improve the overall qualitative level of welfare services for the disabled by encouraging working specialists to keep up postgraduate studies even after completion of training, and also to cooperate with other specialists in related fields.

Water play is both enjoyable and therapeutic.

Student worker's presence brightens the atmosphere at a work activity center organized by parents for unemployable severely disabled youth.

5. To increase employment opportunities for the disabled as specialists by including such persons among those wishing to become professional staff.
6. To flexibly integrate a professional personnel training program into the welfare administration system. These two entities sometimes display conflicting value systems.

In order to implement rehabilitation services which can truly answer the needs of the disabled, a professional personnel training system is essential. Quantitative service would soon reach its limit if reliance were to be placed on welfare administration alone.

Finally, one of the most important goals in the field of rehabilitation services in the 1980s, a period in which we seek a transition from quantitative to qualitative services, is to persuade professional specialists in the field to go beyond their own narrow orbits so as to recognize the right of the disabled to receive good services, and to utilize fully their skills in the community as well as the institution.

As in the family setting, an evening meal at the harfway house is a place of sharing and fellowship.

Counseling with a retarded worker who has returned early to his halfway-house hostel after developing a fever on the job.

The image of the disabled living in Japanese society has changed drastically. The following is an up-to-date profile of the disabled in Japan. Fifty-four percent of the disabled are over 65 years of age. Vocationally, the seriously disabled, such as cerebrovascular and cerebral palsied persons, have become highly visible. One third of the children from schools for the physically disabled also have a degree of mental disability. Four million children and adults with varying degrees of physical and mental disability, some with double disabilities, live in communities or institutions, giving rise to the necessity of both public and private support.

The present level of economic, material, and personnel development has made it possible for various conveniences to be made available to disabled children and adults. The bureaucratic and legal procedures necessary to apply for pensions and other services, however, are often very complex. For this reason, the disabled individuals and their families, often unfamiliar with the social welfar system, are frequently confused and suffer as a result of the complexity of the system.

Since the administrative responsibility of administering services for the disabled is scattered among many government departments, it will become necessary in the near future to have specialized social workers and lawyers who will serve as advocates in terms of legal activities for the disabled. The Japanese disabled people's human rights movement has made a number of appeals already. Among them have been appeals for provisions making possible independent living in the community, for guaranteeing social and economic services for senior citizens, for provision of equal job opportunities for the disabled and for the provision of comprehensive education for disabled children in regular schools. The movement also seeks the adoption of additional concerns of disabled people in a way that will lead to implementation of their ideas through political activity and public administrative policy. The development of services for minority groups such as those suffering from mental illness and mental retardation, the promotion of quality training for professional workers, and the provision of measures to guarantee the right to receive adequate rehabilitation services are all areas in which efforts are being exerted.

A number of issues related to the Japanese rehabilitation system and its ability to respond to the needs of the disabled remain to be overcome. Among them are the need for new programs as well as a need for overall reorganization of the system itself. Generally, programs for the disabled are not consistent. Emphasis has been on services for the physically disabled rather than on a comprehensive policy. This is because regulations and administration authorities have tended to be responsive to strong requests by the physically disabled. As a result, there is a shortage of services for the mentally disabled and for persons with multiple disabilities.

Institutionalized disabled people represent only a small percentage of the total number of the disabled. Rapid economic growth, however, stimulated the construction of institutions on a large scale during the 1960s, and these facilities became a show window for welfare services during that period. On the other hand, the creation of a comprehensive counseling system for disabled people confined to their homes, which would permit them to live more independent lives in their community, has been slow to develop. This is an indication of the fact that by and large, community rehabilitation programs are not of the same caliber as are institutional services.

In another development, the disabled person's means of appeal has traditionally been exclusively to the government and not to the general public. Thus, while the disabled had considerable power to influence government, they had difficulty getting community support, where they were little understood.

Yet another issue relates to training of personnel. Social welfare in general is facing an era of improving quality rather than the quantity of service. In line with this trend, government policy has placed emphasis on professional education in the medical and educational fields only, leaving void the general field of welfare services. Medical doctors, physiotherapists, occupational therapists, nurses, and school teachers are required to have national licenses, but social workers, vocational counselors, speech therapists, and prosthetic appliance workers are not required to take national license examinations. As a result, there is no control over their professional education.

Policy related to rehabilitation is carried out by different government ministries, and coordination is very poor. The transitional function from child to adult, for example, is quite inadequate, with no

policy covering the period from compulsory education to adult life. Also, the system of responsibility for follow-up care, as the individual moves from institution to community, is unclear.

Historically, problems of the disabled have been considered exclusively within the jurisdiction of the field of social welfare. Personal social service and institutional care have been considered the ultimate in support for the disabled. As the U.N. suggests, policy for the disabled should be integrated with medical care, education, housing, vocational services and other public programs for the population in general. In line with this, general administrative structures rather than welfare administrative structures should be the first to consider the needs of disabled people. As things stand today, welfare administration tends to fulfill the functions of other departments of government, using professional social workers to dispense income security, institutional assistance, and community care. But these welfare services are oriented toward welfare policy concerns. This narrowly based implementation of service impedes the disabled individual in seeking social participation.

In spite of the fact that policy for the disabled in Japan suffers from the aforementioned problems, a basic foundation of legislation providing services for the disabled has been enacted in the thirty years which have elapsed since the end of World War II. As a result, progress has been rapid in moving from a charity-orientated welfare policy to one emphasizing individual rights. In contrast to this, European countries have been at work for over a century to establish rehabilitation policies, to advance rehabilitative technology and to create systems for cooperation with the general public. Japan cannot afford to wait for this long process of natural maturation and thus must recognize that additional problems will inevitably result from its forced policy formulation. Given this situation, one may express concern with regard to the future of welfare policy for the disabled. Without doubt leadership in facing these problems will come from a wide variety of concerned persons, including the disabled themselves.

The problem of catastrophic disease and mental illness victims in Japan constitutes a gap when measured by the concept of disability provided by the United Nations, as articulated by the World Health Organization classification. Problems of this nature are not presently covered under the Japanese Fundamental Law for Countermeasures Concerning Mentally and Physically Handicapped Persons. This gap must be closed by creating job opportunities for the patients with these illnesses, and by establishing halfway houses for adults with disorganized families. This is certainly a first step in securing the human rights of the disabled who remain in undeveloped areas of Japanese rehabilitation policy.

Present assessment of disability in Japan attaches too much importance to physiological, medically definable impairments. It is necessary to establish a comprehensive assessment system, inclusive of a wider range of disabilities in the area of psychiatry, urology, occupational therapy, human engineering, and social work, thus to enable a thoroughly adequate assessment.

Coordination between the many ministries and departments must be strengthened since the policies for disabled people are divided among them. It is urgent that we outgrow a total dependence on institutionalization. Institutional care for those requiring it must be provided, but parallel with this, community care programs must be provided for those who choose to live in their own homes.

It is important to implement follow-up services which can be discharged by the disabled themselves. Some additional specific needs are for apartment buildings for the disabled, halfway houses, and barrier free town houses. There is a need for a housing policy allowing for the remodeling of living quarters to meet the needs of the disabled. There is a need for guarantees that payment will be available for attendants and care workers for the disabled living in the community. There are transportation needs, such as for life buses which would facilitate mobility. There is a need for more wheelchairs and for workshops which would repair them. There is a need for a system which would dispatch various therapists and counselors throughout each community.

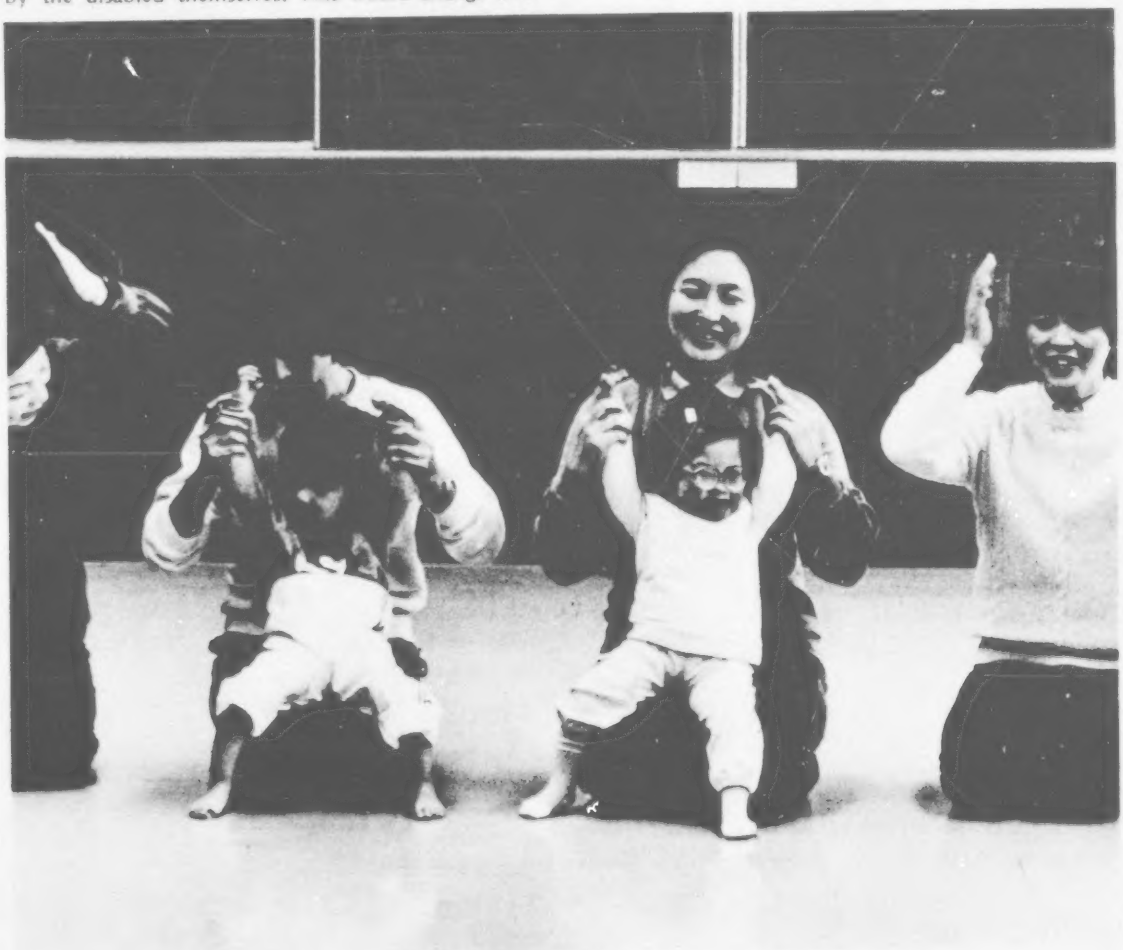
Japanese administrative bodies are very quick to establish and implement regulations and budgets with regard to institutional services. There is considerable deficiency yet in the area of personnel education and training policies. Skilled professional services, however, can be provided only by those who have professional knowledge and training. In order to insure

a higher quality of service, welfare administration must deal with the problem of professional training.

Up until the present, issues related to the disabled were matters of concern for only a minority of the population at large, including volunteers, government administrators, and institutional workers. There was no dynamic influence from the general public. City planning for the disabled as well as integrated education and employment promotion will certainly run into a blank wall without a greater acceptance of the disabled by the general public. It is to be hoped that through the use of social education, mass communication, and social welfare education in public elementary and junior high schools there will be a developing public enlightenment concerning these issues. By far the most effective means of public education would be demonstrations of wholesome living and personal witnessing to the general public by the disabled themselves. This would change the prejudiced image commonly held of the disabled as being gloomy and negative.

In this sense, concern is dependent not on government administration and supporters alone, but on the disabled themselves. As a consumer group, Japanese disabled are not yet mature. The disabled ought to have independence to recognize their own rights and obligations. They ought to offer constructive opinion, both as individuals and as a consumer group. This would contribute to the establishment of more adequate institutions and a better welfare policy.

In this way, policy development for the disabled can be realized by joint partnership between, on the one hand, professionals and administrators, who will listen to the voice of the disabled and, on the other hand, disabled persons, who as consumers will offer constructive opinion and demonstrate responsible action.



Hope for future

1. Statistics on Total Population Type of Impairment and Sex of the Disabled

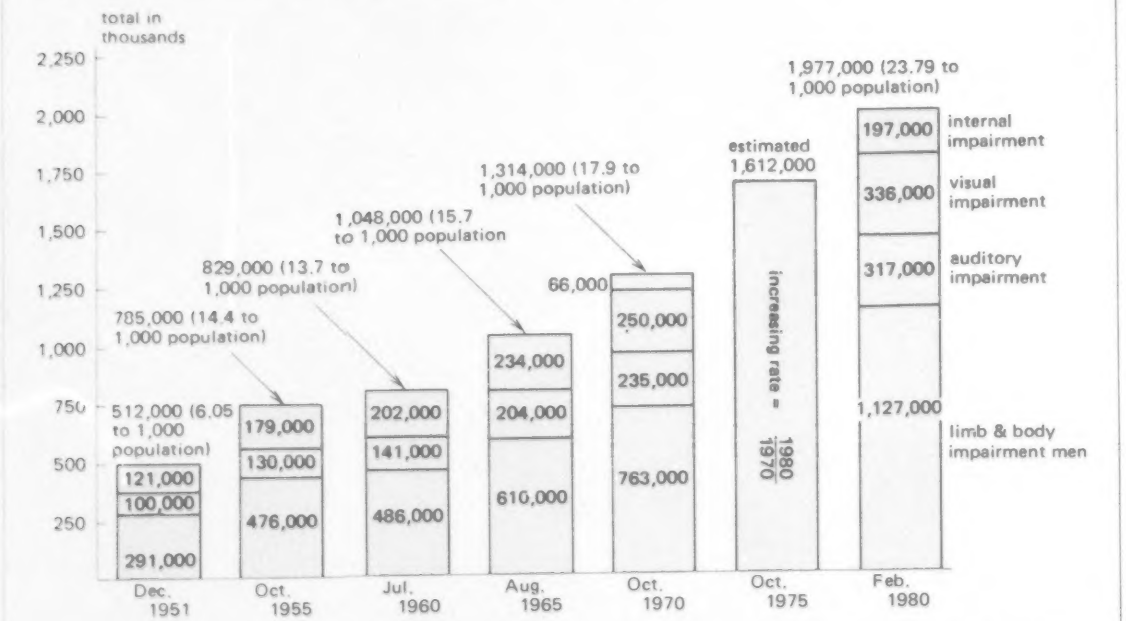
According to February, 1980 survey of disabled people, the number of disabled age 18 and over is estimated to be 1,977,000 (2.4% of the total population), a 50.5% increase compared with 1,314,000 (1.8% of the total population) in a previous survey of October, 1970. Males numbered 57.3% of the total; females 42.7% (Table 13, Fig. 11, Table 14).

Table 13. Total Number of Disabled by Type of Inpaiament and by Year

	actual number						ratio to the total						ratio to the previous survey					
	total	visual impairment	auditry impairment	limb and body impairment	internal impairment	multiple impairment	total	visual impairment	auditory impairment	limb and body impairment	internal impairment	multiple impairment	total	visual impairment	auditory impairment	limb and body impairment	internal impairment	multiple impairment
							%											
1951	512	121	100	291	–	–	100	23.6	19.5	56.9	–	–	–	–	–	–	–	–
1955	785	179	130	476	–	–	100	22.8	16.6	60.6	–	–	153.3	147.9	130.0	163.6	–	–
1960	829	202	141	486	–	44	100	24.4	17.0	58.6	–	5.3	105.6	112.9	108.5	102.1	–	–
1965	1,048	234	204	610	–	215	100	22.3	19.5	58.2	–	20.5	126.4	115.8	144.7	125.5	–	488.6
1970	1,314	250	235	763	66	121	100	19.0	17.9	58.1	5.0	9.2	125.4	106.8	115.2	125.1	–	56.3
1980	1,977	336	317	1,127	197	150	100	17.0	16.0	57.0	10.0	7.6	150.5	134.4	134.9	147.7	298.5	124.0

urce: Ministry of Health and Welfare

Fig. 11. Increase in Population of the Disabled



Source: Ministry of Health and Welfare

Table 14. Age and Sex of the Disabled

unit = 1,000 (%)

	sex			18 ~ 19	20 ~29	30 ~ 39	40 ~ 49	50 ~ 59	60 ~ 64	65 ~ 69	70 ~
	total	m.	f.								
Feb. 1980	1,977 (100%)	1,134 (57.3)	843 (42.7)	11 (0.6)	86 (4.3)	135 (6.8)	260 (13.1)	417 (21.1)	241 (12.2)	268 (13.6)	559 (28.3)
Oct. 1970	1,314 (100%)	785 (59.7)	529 (40.3)	12 (0.9)	98 (7.5)	127 (9.7)	208 (15.8)	274 (20.8)	152 (11.6)	168 (12.8)	275 (20.9)
rate of increase	(150.5%)	(144.5)	(159.4)	(91.7)	(87.8)	(106.3)	(125.0)	(152.2)	(158.6)	(159.5)	(203.3)

Source' Ministry of Health and Welfare

2. Statistics on Degree and Cause of Disablement

The degree of disablement is shown in Table 15. Those who are suffering from a first or second degree disablement number 648,000 and constitute 32.8% of all disabled persons. This is a considerable increase from 26.5% shown in the previous survey. Diseases such as stroke as well as incidences of traffic accidents are seen to be increasing when compared with the previous survey. Diseases such as stroke (11.5%) and arthritis (9.3%) constitute a large proportion of the total number when looking at causes of disablement.

Table 15. Type and Degree of Disablement

	actual number							unit = 1,000	percentage						
Category	total	1st	2nd	3rd	4th	5th	6th	un-known	total	1st	2nd	3rd	4th	5th	6th	un-known
Total									%	(26.5)						%
Oct. 1970	1,314	142	207	165	233	200	165	202	100	10.8	15.7	12.6	17.7	15.2	12.6	15.4
									(100.0)	(32.8)						
Feb. 1980	1,977	294	354	337	381	265	244	102	100.0	14.9	17.9	17.0	19.3	13.4	12.3	5.2
rate of increase	% 150.5	207.0	171.0	204.2	163.5	132.5	147.9	50.5								
									(14.7)	(53.2)						
visual impairment	291	111	44	22	26	24	49	15	100.0	38.1	15.1	7.6	8.9	8.3	16.8	5.2
									(14.2)	(28.2)						
auditory impairment	280	–	79	58	40	2	91	10	100.0	–	28.2	20.7	14.3	0.7	32.5	3.6
									(54.2)	(28.5)						
limb & body impairment	1,072	108	197	191	222	228	99	27	100.0	10.1	18.4	17.8	20.7	21.3	9.2	2.5
									(9.3)	(19.6)						
internal impairment	184	36	–	37	65	–	–	44	100.0	19.6	–	20.1	36.4	–	–	23.9
									(7.6)	(48.7)						
multiple impairment	150	39	34	29	26	11	5	6	100.0	26.0	22.7	19.3	17.3	7.3	3.4	4.0

Source: Ministry of Health & Welfare.

Note: Category 1. is most severely disabled.

Table 16. Disease Condition Related to Impairment Diseases of the Disabled

unit = 1,000 or (%)

	limb & body impairment								auditory impairment		visual impairment			
	total	cerebral palsy	polio	spinal cord injury	progressive muscular dystrophy	stroke	arthritis	rheumatism	middle ear	inner ear	cornea	crystalline lense	retinal optic nerve	other disease
Oct. 1970	% (100.0) 1,314	(3.7) 49	(3.0) 39	(2.3) 30	(0.4) 5	(13.1) 172	(4.5) 59	(5.3) 69	(5.1) 67	(5.3) 70	(3.6) 48	(4.8) 63	(5.1) 67	(43.8) 576
Feb. 1980	(100.0) (1,977)	(3.0) 59	(2.7) 53	(3.3) 66	(0.3) 5	(11.5) 227	(9.3) 184	(4.7) 92	(3.7) 72	(4.1) 82	(3.7) 74	(3.3) 65	(5.9) 11	(44.5) 880
rate of increase	% 150.5	120.4	135.9	220.0	100.0	132.0	311.9	133.3	107.5	117.1	154.2	133.2	176.1	152.8

Source: Ministry of Health & Welfare.

Table 17. Cause of Disability

unit = 1,000 or (%)

	accident						disease						
	total	traffic accidents	labor accidents	other accidents	war	subtotal	infectious disease	toxification	other diseases	birth trauma	others	subtotal	unknown
Oct. 1970	% (100.0) 1,314	(4.4) 49	(8.9) 177	(7.6) 100	(5.7) 75	(26.6) 350	(11.4) 150	(0.5) 7	(44.4) 583	113	(8.6)	(64.9) 853	(8.5) 111
Feb. 1980	(100.0) 1,977	(4.6) 92	(9.0) 117	(6.0) 119	(4.9) 97	(24.5) 485	(4.6) 91	(0.4) 8	(42.5) 841	(3.5) 70	(12.8) 252	(63.8) 1,262	(11.7) 230
rate of increase	% 150.5	158.6	151.3	119.0	129.3	138.6	60.7	114.3	144.3		285.0	147.9	207.2
visual impairment	(100.0) 291	(1.4) 4	(4.1) 12	(5.5) 16	(3.5) 10	(14.5) 42	(3.1) 9	(0.3) 1	(45.7) 133	(3.4) 10	(16.2) 47	(68.7) 200	(16.8) 49
auditory impairment	(100.0) 280	(1.0) 3	(2.9) 8	(2.9) 8	(4.3) 12	(11.1) 31	(2.9) 8	(1.0) 3	(33.2) 93	(5.4) 15	(22.1) 62	(64.6) 181	(24.3) 68
limb or body impairment	(100.0) 1,072	(7.4) 79	(13.8) 148	(8.5) 91	(6.4) 69	(36.1) 387	(5.0) 54	(0.2) 2	(42.2) 453	(3.4) 36	(8.2) 88	(59.0) 633	(4.9) 52
internal impairment	(100.0) 184	—	(2.7) 5	(0.6) 1	(1.6) 3	(4.9) 9	(7.1) 13	—	(48.9) 90	(2.2) 4	(16.3) 30	(74.5) 137	(20.6) 38
multiple impairment	(100.0) 150	(4.0) 6	(2.7) 4	(2.0) 3	(2.0) 3	(10.7) 16	(4.7) 7	(1.3) 2	(48.0) 72	(3.3) 6	(16.7) 25	(74.0) 111	(15.3) 23

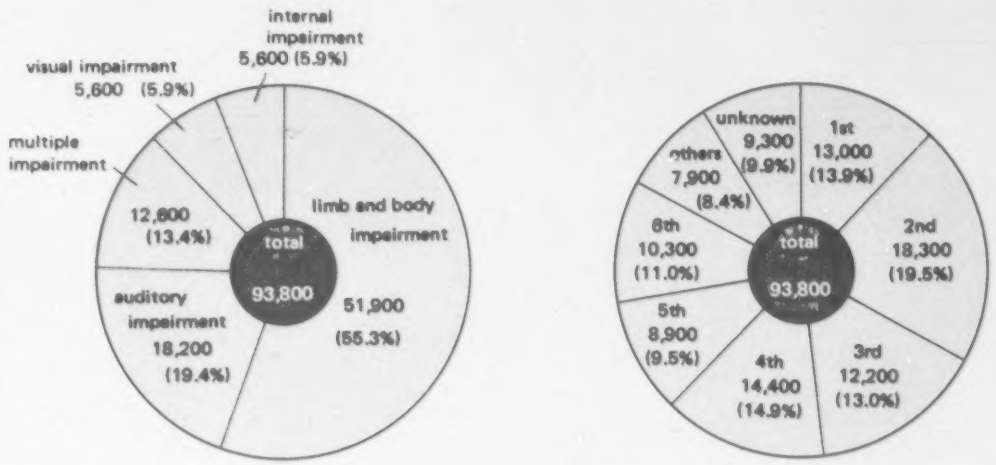
Note: "others" in the current survey includes congenital disability

Source: Ministry of Health and Welfare

3. Statistics on Physically Disabled Children

A survey is now underway to determine the circumstances of disabled children. The results will be announced at the end of 1981. Figures given here show the results of the latest survey available, made in 1970.

Fig. 12. Disabled Children by Type of Impairment and Degree of Disability on a Six Point Rating Scale



Source: Ministry of Health and Welfare, 1970.
Note: Category 1. is most severely disabled.

4. Statistics on Mental Retardation

The latest nationwide survey on the number and condition of mentally retarded persons in Japan was conducted by the Ministry of Health and Welfare in 1971. The results of this survey are shown in Table 18.

Table 18. Estimated Number of Mentally Retarded Persons

	Total	Home Bound	In Residential Care
under 18 years	170,000	141,700	28,300
18 and over	186,300	170,900	15,400
Total	356,300	312,600	43,700

Source: Ministry of Health and Welfare, 1971

The number of retarded youngsters attending day care centers for mentally retarded children is shown in Table 19. As seen in this table, the number of preschool children among them has been increasing since 1974, while those of school-age (six years and above) has been decreasing. Within the preschool group, younger children (below three years of age) are increasing as shown in Table 20. Compulsory education for handicapped children was introduced in 1979 and as a result, children of school age have transferred to the school system. As of 1981, there are very few school-age retarded children in day care centers.

Table 19. Transition of Age Level in Day Care Centers for Retarded Children

Year	No. of Centers	No. of Children	Preschool	Elementary School	Junior High	Senior High	Eighteen Years and Over
1976	159	4,830	46%	36%	9%	7%	2%
1977	127	3,937	60	24	8	7	1
1978	168	5,339	69	19	6	5	1
1979	153	4,890	80	12	4	3	1

Source: Ministry of Health and Welfare

Table 20. Ratio by Age Group of Retarded Children in Day Care Centers

unit = percentage total population

Year \ Age	belo 1 year	1 year	2 year	3 year	4 year	5 year
1976	0	0.1	0.9	6.1	17.2	21.3
1977	0	0.4	2.3	12.5	21.3	23.4
1978	0.4	0.7	5.3	17.6	24.4	21.0
1979	0.3	1.4	7.4	22.2	25.3	23.6

Source: Ministry of Health and Welfare

Ordinary kindergartens and nurseries are also accepting mentally retarded preschool children. As of 1978, there were 6,209 retarded children attending ordinary kindergartens of 0.45% of the total number of children enrolled in these kindergartens. The number of kindergartens accepting retarded children was 1,665 out of 5,890 or 28.3%.

In nurseries, there were about 2,400 disabled children as of 1978, according to a report by the Ministry of Health and Welfare. Of these, about 48%, are reported to be mentally retarded.

As a part of the system for educating mentally retarded children, there are special education schools and special classes in ordinary schools. As of 1979, there were 390 special education schools and 16,837 special classes for retarded children, enrolling 33,481 and 93,708 retarded children respectively.

In addition to the school system, there are institutions and day care centers for retarded children and adults provided for under the welfare system. As of 1978, the Ministry of Health and Welfare reported the number of facilities and the number of retarded persons attending them as shown in Table 21.

Table 21. Number of Facilities for the Mentally Retarded and Number of Persons Enrolled

Type of Facility	No. of Facilityes	No. of Person Enrolled
Children		
Day Care Centers	206	6,161
Residential institutions	352	21,921
Adults		
Rehabilitation Center		
Residential	379	28,278
Day Care	29	749
Vocational Training Center		
Residential	77	5,091
Day Care	80	2,458

Source: Ministry of Health and Welfare, 1978

At the present time there are two big problems which need to be solved in the near future in order to improve the system of care in Japan for retarded citizens: (1) There is need for the development of an effective treatment program for very young retarded children after early diagnosis of their impairment, and (2) there is need to prepare better opportunities for more complete participation in social life for retarded citizens who leave the compulsory school system.

5. Statistics on Persons Disabled by Mental Disorder

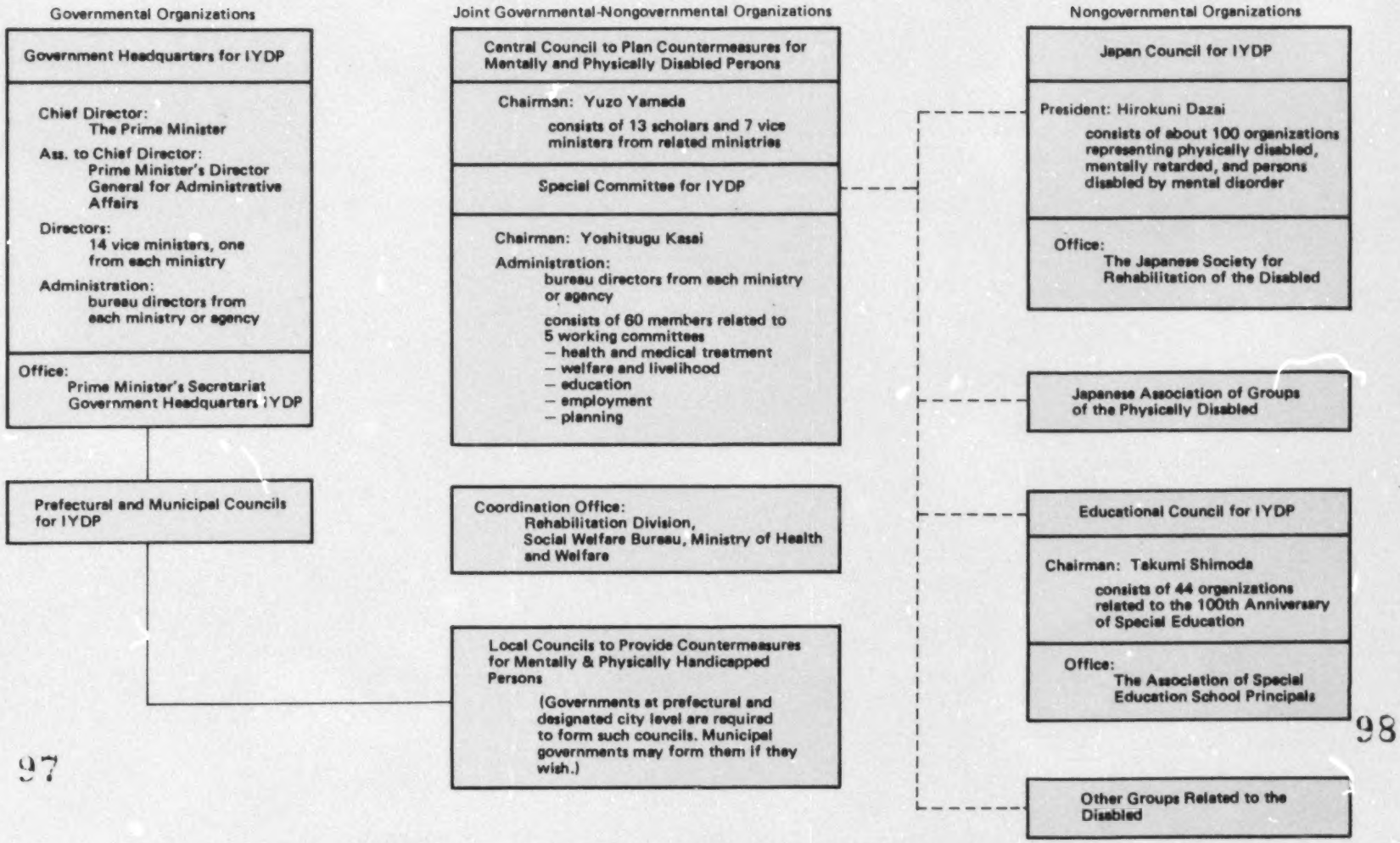
No survey has been conducted in regard to persons suffering from mental disorders. It is estimated that the total number of those disabled due to mental disorder is 1.4 million and that 307,000 of this number were patients in mental hospitals as of June, 1976. These statistics are reported by the Association of Families of Persons Disabled by Mental Disorder.

6. The Japan Organization for the International Year of Disabled Persons — 1981

The organization to promote the International Year of Disabled Persons in Japan, shown in Table 22, is divided generally into two groups: governmental organizations and nongovernmental organizations. Both of these groups effectively demonstrate the purposes of IYDP.

On the nongovernmental side, the Japan Council for the International Year of Disabled Persons is made up of some 100 groups with nationwide organization, representing the physically disabled, the mentally disabled, the internally disabled, patients with complex diseases, parents organizations, and professional groups as well as representative individuals of special learning and experience. JC-IYDP was established in April, 1980, drawing these various groups together, irrespective of type of disability, condition or viewpoint. The purpose of the Japan Council is to give information on IYDP and to promote public awareness of disabled person by cooperating with the activities of the United Nations, particularly in the Asian region, and by promoting follow-up study and activity engendered by the IYDP.

Japanese Organization for the Promotion of IYDP


Governmental Organizations
Government Headquarters for IYDP
Chief Director:
The Prime Minister
Ass. to Chief Director:
Prime Minister's Director General for Administrative Affairs
Directors:
14 vice ministers, one from each ministry
Administration:
bureau directors from each ministry or agency
Office:
Prime Minister's Secretariat
Government Headquarters IYDP
Prefectural and Municipal Councils for IYDP
Joint Governmental-Nongovernmental Organizations
Central Council to Plan Countermeasures for Mentally and Physically Disabled Persons
Chairman: Yuzo Yamada
consists of 13 scholars and 7 vice ministers from related ministries
Special Committee for IYDP
Chairman: Yoshitsugu Kasai
Administration:
bureau directors from each ministry or agency
consists of 60 members related to 5 working committees
– health and medical treatment
– welfare and livelihood
– education
– employment
– planning
Coordination Office:
Rehabilitation Division, Social Welfare Bureau, Ministry of Health and Welfare
Local Councils to Provide Countermeasures for Mentally & Physically Handicapped Persons
(Governments at prefectural and designated city level are required to form such councils. Municipal governments may form them if they wish.)
Nongovernmental Organizations
Japan Council for IYDP
President: Hirokuni Dazai
consists of about 100 organizations representing physically disabled, mentally retarded, and persons disabled by mental disorder
Office:
The Japanese Society for Rehabilitation of the Disabled
Japanese Association of Groups of the Physically Disabled
Educational Council for IYDP
Chairman: Takumi Shimoda
consists of 44 organizations related to the 100th Anniversary of Special Education
Office:
The Association of Special Education School Principals
Other Groups Related to the Disabled

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